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ARTICLE I.—*Thoughts on the Cultivation of Therapeutics.* By the *Editor.*

SHOULD medicine ever acquire the exactness of a certain science, the precision of an useful art or the dignity of a respectable calling, it must be by the joint results of observation and experiment. But what, you may ask, is observation, and what do we mean by experiment? A comprehensive definition of the former may be given in a few words; it is the accurate and faithful study of phenomena; it is the diligent and intelligent supervision of the workings and actings of nature in the regular exercise of her proper functions, and in the eccentric excesses of disturbed, impeded or embarrassed action. For the faithful discharge of this duty, no large or comprehensive views of science, no high and enviable intellectual endowments, are indispensable. It is a work of the senses, almost exclusively, and just in proportion as they have been trained to habits of attention and discrimination, will they discharge the office to which we have referred.

What is experiment? It is an act or operation to discover that which is unknown, truths that are not cognizable by the senses, and which cannot be a result of simple observation. It is not experience; that involves much time, but does not necessarily imply

much knowledge; it generally consists in having seen much, but in having learned very little; it is the club of Hercules wielded by the arm of a fanatic, or a fool, ready to strike with palsy every hand that dares pluck the wizard beard of hoary error.

Although Baglivi has said "*Ars medecina est tota in observationibus*," he should be understood metaphorically rather than literally; for his aphoristic remark is nothing more than one of those precipitate generalizations which, while they express a part, rarely embrace the whole truth. Though we yield the superiority to observation, for the full and satisfactory confirmation of its results, the researches of the experimentalist are indispensable. Nature often speaks frankly and freely, but sometimes the language in which she expresses herself, is ambiguous if not unintelligible, and therefore, she should be cross-examined, that doubts may be removed and apparent contradictions reconciled.

We have said that though mutually advantageous, observation has greatly the advantage of experimentation, as a means of advancing and perfecting the science of medicine. The reasons for this are obvious, and may be thus stated. The observer studies phenomena as they are portrayed in health and disease, and from them he deduces the laws of nature; the experimentalist rudely interferes with her regular and harmonious actions, and thus pretends to reveal her secrets; the former reads, while the latter interrogates, nature; the former listens to her words as they fall from inspired lips, the latter, too often, forces her to speak the jargon of the sects and the inconsistencies of the schools; the former hears the mild sweet voice of contentment; the latter, the sighs and groans of agony and despair. The conclusions of the former are, therefore, true, or nearly so, while those of the latter assert no other claim to our confidence than that of being more or less probable.

Certain it is, that we have no other means of advancing medicine than those to which we have just referred, and largely as they have been laid under contribution, can we boast of having made such achievements in therapeutics as a conviction of the truth of what has been said would seem to warrant? This question can only be answered by deciding upon the great object and aim of the science of medicine. This, all will agree, is the palliation and cure of diseases. How have we succeeded in these re-

spects? How many and what are the maladies which we can cure, that Sydenham found unmanageable?—nay, what forms of morbid action do we control with more success than did Hippocrates? what is the ratio of mortality from disease, at the present day, in comparison with what it was in the infancy of the art? Those who believe that improvement consists in knowing what morbid changes disease can produce, and not in the number and certainty of our remediate agents, will at once respond as Bouillaud did, not long since, in the Royal Academy of Medicine, 'that there was nothing in any of the ancient authors that was not a great deal better said in the writings of the present day; that almost all their theories were vague and foolish, and their practice was, as a matter of course, worthy only of old women;' but should they think that one certain remedy for any dangerous disease, is worth all the post mortem dissections that were ever made, they will say with Stokes, that the treatment of fever now is but little more successful than it was in the days of Hippocrates.

Why is this? Why have all the other departments of the science made decided improvements, and therapeutics, the only branch of it in which the public feels any interest, be enveloped in as much doubt and obscured by as many clouds as it was two thousand years ago? Why is it that the voice of the modern physician does not, like that of Mary Magdalen, speak joy and health amongst the city of the plague? These are startling questions, but no man dares ask me to prove the truth of the responses which their character implies. Daily the public is cheated with the idle impression that a catholicon has been discovered for all the ills that flesh is heir to, and yet no one would thank me to recount the many maladies over which medicine exerts little or no control; for it is well known that we could enumerate many of them, both acute and chronic, in regard to which it is as wholly powerless as if it had never been cultivated as a science or practised as an art. Taking it for granted, therefore, that our curative resources are few, and most of then uncertain, we will only remark, on this branch of our subject, that, if we were to follow medicine through its numerous palingenesic epochs, and point out the many mutations it has experienced through the agency of climate, religion, the manners and habits of the people, the improvements in the arts, and the systems of medicine that

have prevailed, the reader would be confounded at finding that the only object of the science worthy to command benevolent consideration, that is, the cure of diseases, has been almost forgotten in the mighty movements, the great revolutions, that have convulsed the profession.

What are the sources from which the Materia Medica has derived the remediate agents of which it so learnedly treats? Ignorance, credulity, charlatanism, systems in medicine, and, above all, accident; for to the last cause are we indebted for our most certain and useful remedies. These are the sources of our therapeutical arsenal, and with the weapons they have placed in our hands, do we combat disease. Instead, however, of the polished and perfect instruments of modern warfare, they resemble the rude and awkward missiles of ancient and savage strife; instead of being purified of all vain and preposterous pretension, the Materia Medica is still clogged and encumbered with the idle and insolent allegations of unwarranted assumption. With an incredible amount of dross, there is admixed a very small amount of gold. This is the legacy that has been bequeathed to us by the ferment that has been kept up in the profession for more than two thousand years; and although each successive epoch has fancied itself enriched by the labors of the past, it has, in reality, been impoverished in a fruitless attempt to reconcile and settle the conflicting claims of the many different, and most of them useless or pernicious, remedies that we have inherited from our ancestors. This is no exaggerated statement, growing out of a carping and censorious temper of mind, and this we could easily prove, were we to give, in detail, a philosophical history of the many successive revolutions which medicine has experienced. This would present an interesting, but an astounding and a most mortifying picture of the inefficiency of human exertion to relieve human suffering. If well executed, the fore ground would be occupied by the authors of systems in medicine, and there they would stand, the blighted monuments of hopes that were as foolish and frantic, in their conception, as they have proved dangerous and disastrous in their practical consequences. Always in the front rank of impatient innovation, they have invariably been found far in the rear of actual improvement; they have always been in motion, but have never made progress, for a system of medicine is like the

flower called *herbe maudite*, by the Norman peasants; he who trod upon it, continued turning round and round, imagining he was proceeding onwards, though he quitted not the spot.

But why have not therapeutics advanced with steps as numerous and with strides as great as the other departments of medicine towards the object of its aim? This is a question which should, long since, have been answered, and that too in a manner perfectly satisfactory. To do this is, in part, the object of these thoughts; and before we have finished our argument it will be found that the reasons are numerous, cogent and insuperable.

Medicine has been cultivated as a liberal science, and has been practiced as an enlightened art for at least twenty centuries; but are we yet acquainted with the natural course of the most simple disease? No, and in our ignorance on this fundamental point we shall find the great primary reason of the limitedness of our knowledge of the treatment of disease. It is very difficult, I will not say impossible, to acquire such knowledge on this point as would prove very beneficial in practice. The superserviceable zeal of physicians on the one hand, and the restless impatience of patients on the other, will continue, I apprehend, to keep us in ignorance of the natural course of the simplest diseases. They are never suffered to pass through their stages uninterferred with by treatment, and thus we are denied all opportunity of learning a standard by which we might judge, with precision, of the value of our remediate agents. We may correctly enough determine the comparative merits of different modes of treating the same malady, but this is not sufficient, nor is it what we desire. Not only is it necessary that we should know that one remedy is better than another, but it is absolutely indispensable that we should know that it is decidedly superior to *la medicine expectante*. Until this question is decided, no man can assert with confidence that the treatment which he pursues is not more injurious than beneficial. The mere fact that an individual recovered while certain remedies were used, is no proof that they cured him, and no one but an unprofessional person or an ignorant physician would assert it.

Whenever a new system of medicine is started, every expedient is resorted to for the purpose of giving it popularity, and none is more common or more successful than an attempt to show that the treatment which it enjoins is superior to those recommended

by all previous systems. This, however, does not decide the point at issue. Before a new mode of medication is entitled to approbation, it should be shown that the ratio of success it is able to command, in a given disease, is greater than what would result from the efforts of nature. Until, therefore, we can prove that it is absolutely necessary for us to interfere, it is not only folly but absolute presumption to boast of the curative powers of our remedies.

Where we know that a disease when left to itself proves invariably fatal, we may resort to any mode of medication we choose, for the result of our efforts cannot be more unfortunate than those of nature; but when upon a trial of several modes of treatment some are saved, we should institute a comparison of their respective results for the purpose of ascertaining on which we may rely with the greatest confidence of success.

If we are instructed by observation and experience, that nine in ten cases of a given disease, acute sporadic pneumonia, for example, will terminate spontaneously in health, and that it will run through its stages in from fifteen to twenty days, we have a standard by which to judge of the value of our treatment, and if on trial it is not found to cure as large a proportion, we should abandon it from the conviction that so far from being serviceable it has been positively injurious. These considerations should satisfy us that before we can be confident that our remedies do any good, we must study and understand the natural course and tendencies of disease. On this subject, however, we regret to say we are deplorably ignorant.

The extreme vagueness of our notions in relation to the methodus agendi of medicines is a prominent cause of the great imperfection of therapeutical science. Of the exact nature of drugs we know very little, and of their modes of action we know, if possible, still less. Before our ideas of the action of medicines can assume any thing like precision, a knowledge of three things is absolutely indispensable. We must know the elementary constituents of the drugs which we use; we must understand their action on the living tissues, and we must be able to determine the circumstances in which they may be employed safely and successfully. On all these points we have but little, and no accurate knowledge as is evinced by the scepticism of all enlightened medical men in regard to the conjectured pow-

ers of our most valuable and popular remedies. They are employed it is true, and very frequently, but always with many misgivings. Our only guide is vague and uncertain experience. The older physicians, for example, when they employed mecury, had a particular object in view; they considered it a powerful solvent, and in support of their opinion, they appealed to the facts of observation and experience. We use the preparations of the same mineral, and that too, perhaps, more frequently than they did, and yet, I ask, what ideas have we of its mode of action. Such only as are vague, contradictory, and often unintelligible.

The unruly spirit of generalization which has directed with despotic sway the destinies of medical science, has been productive of none of those exact and valuable results which have distinguished, in so remarkable a manner, the triumphs of chemical and pharmaceutical researches. To them are we indebted for our knowledge of the sulphate of quinine, the salts of morphia, and all the vegetable alkalies. What good has come of the many artificial classifications of medicines which we find in almost every work on the Materia Medica? None whatever; while they have induced us to ascribe properties to them which they rarely display in practice, and to build hopes upon them that are still more rarely realized.

Were therapeutists less zealous in discussion and more careful and attentive in observation, they would make more progress in determining the real properties of medicines—were they to keep more constantly in view the trite but true saying of Condillac, that our errors generally result from our daring to reason on things that we do not understand, and of course in regard to which we have no ideas at all, or those only that are indefinite or conjectural. This is the case too often in medicine—we assume facts and then reason on them with the same confidence as if they were demonstrated truths. Wherever a question has arisen in regard to the properties of a medicine or its therapeutical effects in disease, an attempt is immediately made to decide it by experiments performed on animals, or by administering it to human beings in a state of health. Now, the effects thus produced are wholly inadequate to throw any clear light on the effects which may be expected from it in disease, or to furnish a safe guide to its employment, under such circumstances. It is known to every physician that the action of a medicine in a state of health is one thing,

and the action of the same medicine in a state of disease is another, and a very different thing. Are we guided in the use of the most common remedies, such as opium, camphor, quinine, etc., by the effects which they have produced in health? No; if we have any ideas in regard to their use, they have been derived from the study of their effects in disease. We all know, or should, that the same remedy in different states of the system will produce very different results, and yet, from a failure to recognise this truth, which is no less important than it is simple and obvious, many writers, otherwise of great merit, have been betrayed into the espousal and defence of hypotheses which were not only nugatory and idle, but absurd and preposterous.

If this is true, and no one will venture to deny it, we need not be surprised that the same remedies when given in disease should produce the most discrepant and contradictory results, particularly when the principles by which their employment is regulated, have been deduced from the modifications they are supposed to occasion in the functions of animals and of man in the enjoyment of vigorous health. This must necessarily happen even when their use is directed by the judgment of the most experienced and discreet physician, while the evils that result from them in the hands of the slave of any system are countless in number as well as innumerable in form. He assumes a certain state of things as the fundamental elements of all morbid action, and then infers from the notions he has derived of the properties of medicines from experiments of the kind to which we have referred, that certain of them must be exactly adapted to correct the morbid state which he has supposed exists. The nature of disease and the properties of medicine often, both being assumed, it would be strange indeed if the unknown powers of the latter should accidently counteract the morbid state of the former. Now, although this is not only improbable, but utterly impossible, we constantly meet with those who risk the lives of their patients on the validity of a speculation that has been deduced from false premises, and which can only lead to the most unfortunate results. A popular system of medicine is sure to cause the curative powers of particular articles to be misrepresented and exaggerated, while those of much more value are denounced and they pass out of use altogether. In this way systems have exerted a more deleterious influence in retarding the progress of improvement in thera-

peutics than any other single cause perhaps, than all other causes combined. But we will not enlarge further on this branch of the subject—we have already, on more than one occasion, endeavored to disabuse the profession in relation to systems of medicine, and our views are before the public.

Complexity of prescription and routanism in practice, are causes that have powerfully contributed to perpetuate ignorance of the therapeutical effects of the articles of the Materia Medica. It is not uncommon for several articles, of very dissimilar properties, so far at least as we are acquainted with them, to be combined together; and it is still more common to exhibit remedies during the progress of disease in a particular order of succession without any regard to the changes that must have taken place. This is what is called routanism. If this has been the custom for centuries, and if it is still persevered in, how should we possess any exact notions of the therapeutical action of medicines? It is impossible. Having no means of determining the modifications of the functions produced by each article of a complex prescription, it is obviously impossible for us to learn any thing of the action of the article, the properties of which we may wish to study. Not only is this true of complex prescriptions, but the accurate observer will find it very difficult to arrive at a knowledge of the therapeutical action of an article, although it may be given by itself. There are many circumstances over which the physician can exert little or no control, which serve to embarrass very much the results of its action. Amongst these may be mentioned the diet, rest, atmosphere, and state of the patients mind, all of which are powerful modifiers of the economy, and the most sagacious physician will find it difficult, if not impossible, to distinguish those changes of function which result from their action from those that are produced by the remediate agent that is employed. Difficult as this evidently is, the means of doing it must be discovered before we can hope for a satisfactory acquaintance with the effects of a remedy.

Even in those few instances in which the proper precuations have been observed in studying the effects of a medicine, the trials of it have not been sufficiently often repeated. A few experiments are not competent to decide upon or to fix the character of any article, and, therefore, they should be persisted in, and varied in every imaginable way, so long as the shadow of a doubt exists

as to its therapeutical action. Had this course been pursued, the books of all ages, and of every country, would not be so replete with formulæ which are alleged to be not only useful but invaluable, and which experience has proved to be either wholly inefficacious or pernicious. Carelessness and indifference on this point are the reasons why we are so frequently disappointed as to the effects which our remedies produce—the reasons why the testimony of physicians in relation to the action of medicines is so little confided in—the reasons why our views of the therapeutical effects of the articles in the most common use are so vague, uncertain and conjectural—the reasons why remedies come in and go out of fashion so rapidly, and the reasons why a witty lady remarked to a physician, who was boasting of the infallibility of his remedies, that he should make haste to use them while they cured.

That what has been urged is true, is proved by the history of the vaccine disease, with which we have been acquainted about forty years. More than a million of facts have been advanced to prove that it is preventive of small pox. Have these confirmed the account which Jenner gave to it—have they dispelled every doubt and removed every scruple on the subject? No; there are still many who do not believe that it is preventive of variola, and there are others who, while they admit this, deny that the protection which it furnishes is perpetual. When, therefore, facts the most numerous, diversified and concurrent, have not been able to convince all minds of the preventive efficacy of the vaccine disease, it would be absurd to expect that a few imperfect and unsatisfactory trials of any remediate agent could have any decided effect in commending it to the confidence of the profession; or, that the idle suspicions of ignorant, superficial and presumptuous observers could be of service in enlightening and enlarging the sphere of our therapeutical resources. Mere suspicion is often all that many who would be thought zealously inclined to improve the art, are able to adduce in behalf or defence of the remedies on which they would have physicians rely.

From what has been said, all must be aware that our knowledge of the precise and positive therapeutical effects of medicines, is very limited. Were it possible to give an adequate idea, on this subject, our ignorance would appear incredible.

This is so great, that often when we give the same remediate agents, in apparently the same diseases, they produce the most dissimilar results. Sometimes succeeding beyond our most sanguine hopes, and at others confounding and disappointing us with the most unlooked for, mortifying and inexplicable failures. Not unfrequently we meet with diseases, the nature of which is well characterised and disclosed by the symptoms; the indications stand out in such obvious relief, that they cannot be misunderstood, and the manner of fulfilling them is so manifest as to lead every well informed physician to direct the same remedies. One would suppose, under such circumstances, that the result could be foretold with the utmost certainty. Is it true, however, that our reasonable expectations are always realized? This no one will assert. We frequently command a success of which we can give no rational or consistent account, and we are often foiled and defeated when any other result was considered much more probable. While this state of painful doubt and uncertainty lasts, therapeutics must be considered in a very rude and unpromising condition, and must continue so, until our ideas of the modus operandi of medicines assume much more exactitude and precision. The imputations we have cast on this branch of medicine, though they may prove unsavory to the palates of those whose theme of constant exultation is the advantageous contrast which modern presents when compared with ancient medicine, are true, and he who acts under a different impression, will find his presumptuous expectations daily rebuked by the reverses and disasters of frequent experience. We have medicines which, it is said, will produce every imaginable effect that could be desired in order to cure diseases; we have emetics, cathartics, anti-spasmodics, sedatives, diaphoretics, but do they invariably cause an ejectment of the contents of the stomach, relax spasm, reduce action, excite perspiration, etc.? No; and, in truth, the effects they produce are so often the reverse of those that are implied by the names they respectively bear, that the common practitioner of ordinary discretion, often hesitates to employ them, while the man of genius, who dares to venture on their frequent use, and who, it may be reasonably supposed, can better calculate the chances of success, is often disappointed, embarrassed and disconcerted by the extraordinary results to which they give rise. Immured in prison, and speaking through his mul-

lioned windows to his devoted disciples, the unfortunate and infatuated Brown said, '*Mahercle opium non sedat.*' This favorite and fundamental saying of that prodigy of genius was inscribed upon his bust. Half a century has elapsed since Europe was filled with his fame, and every tongue was busy in giving utterance to the accents of his praise, but did he speak the truth? No one can tell. Even now no one would risk his reputation on a decision of the question which it involves.

Opium has been in familiar use for very many ages, and yet our knowledge of its therapeutical action is not only vague, but it is involved in great doubt and uncertainty. Is this a peculiarity that attaches to opium chiefly or exclusively? No. Of most of the other articles of the Materia Medica we know as little and perhaps less. About one hundred years ago, the celebrated Linneus wrote a treatise on the Materia Medica, which it would be well to consult, were it accessible; and we should like to see a work on the same subject, constructed upon the same plan, by some competent individual of the present day. Every article, the action of which he considered at all ascertained, he signalized with a point of exclamation, while those of which he knew little or nothing, he stigmatized with a point of interrogation. In turning over the leaves of that remarkable work, we find the former to be few and far between, while the latter, by their number, challenge attention on every page. The work of Linneus was, as we have said, published about a century ago, and suppose a similar work was written now upon the same plan, do you believe that the number of points of exclamation would be much increased or those of interrogation decidedly diminished? If so, you have more confidence than we have in frequent and chimerical change, for that does not imply an increase of knowledge.

Will it be said that our ideas of the effects of medicines are deduced from facts? Of this we are aware, but it is to the facts that we object, and in which we have so little confidence. Do you appeal to twenty cases to prove that opium is a sedative? it will not be difficult to rebut them by an equal number, in which it produced the most exhausting excitement. Do you maintain that any one mode of treating malignant fevers is decidedly superior to all others? Then you should read the treatise of Dance on that subject. In that work you will find, perhaps to your amazement,

that in the treatment of a great number of cases of fever in hospitals, there was no material difference in the results procured by the anti-spasmodic, depletant, tonic, evacuant and revulsive modes of practice. Nor is this all. While he proves that there is but little difference amongst the various perturbatory modes of treating fever, he renders it highly probable that *la medicine expectante*, which means to do little or nothing, is decidedly superior to either or all of them; that more cases of fever recovered when left to the efforts of nature than from any mode of medical management that has been hitherto suggested or recommended. If this is true, and there is no good reason to doubt it, then it is a waste of time to compare one mode of medication with another, or to enforce one of them to the neglect of the rest, on the plausible, but untenable, ground of its alleged superiority. To merit regard and to justify its employment, it should be able to do not only more than any other mode of medication, but more than nature has ability to accomplish. This is a *sine qua non*, for otherwise the physician can be regarded in no other light than as a mischievous and dangerous intermeddler with what he does not understand.

Do you infer from these stubborn and discouraging facts, that we desire to convey the idea or to maintain the position, that curative medicine is an idle dream of the imagination, and that it has no existence in reality? If so, you misapprehend the design and import of this argument. It does not follow that because our therapeutical resources are restricted within very narrow and confined limits, that we have none at all; but it does follow that we must understand their extent and efficiency, before we can enlarge or render them more available in the practice of medicine. We have several therapeutical truths that are applied to the treatment of diseases in a great variety of useful ways, but as a whole, therapeutics, it must be confessed, is in a state of great imperfection, and if we would have the hopes realised which the world has a right to entertain and cherish in regard to the labors of physicians, we must direct our exertions, in future, more to what will prove practically valuable, and less to subjects of a purely speculative character.

But there are other causes why curative medicine does not rest on a more certain and satisfactory footing. Amongst these, may be mentioned our ignorance of anatomy. Our knowledge of the

anatomical structure of organised bodies is so limited that we have no reason to complain of Voltaire for saying that physicians put drugs of which they know little into bodies of which they know less. Harsh as is this rebuke, and severe as is the sentence which he has pronounced, we are not prepared, whatever others may be, to denounce it as exaggerated or unjust. What, we ask, do we know of anatomy in the sense in which that science should be understood? We are familiar with the form, the external appearance and some of the relations of the tissues of the body, and that is all. But of what service is this to the physician in the treatment of disease? Does an acquaintance with the facts which a knowledge of this kind discloses, guide him in the administration of his remedies? No; he would act just as he does, were he ignorant of the science of anatomy, as it at present exists, and as it is, at present, of necessity, taught. This, however, is no argument against the study of anatomy, for there are a thousand things in relation to the structure of organised bodies, of which we are entirely ignorant, that would be of unspeakable advantage in a curative point of view. What, for example, do we know of the molecular action of the tissues, or what do we know of the influence of imponderable upon living bodies? Absolutely nothing. We know that the same nervous filament is not endowed with both sensiferous and motiferous powder, and this is a recent discovery, but what do we know of the manner in which the nerves bind the whole of the system together and connect matter with mind? What do we know of the changes which the fluids undergo from disease, or in what respects they differ from the fluids in health? No one can tell. The wisest are perfectly dumb when such questions are propounded. So little, in fact, do we know, and so easily are we carried astray by metaphysical abstractions, that there are those who have been so completely mesmerised, that they contend that the fluids are completely inert, although they constitute at least seven-eighths of the whole body; for believe us, as soon as a man gets under that ridiculous infatuation, he would as soon believe one thing as another, and like St. Augustine, he would believe some things for no other reason than because they are absurd and impossible. Now, we say there are those who consider the fluids inert, notwithstanding their amount, and that, too, in the face of the fact that the passions and emotions of the mind, as well as the

diseases of the body, so stamp their character on the milk as to produce obvious and decided effects in those who use it. Thus, you perceive, that the machine, the derangements of which we profess to be able to rectify, is almost a complete terra incognita to us; that we know nothing of its minute and intimate structure—nothing of the molecular action of its different tissues—nothing of the close and secret relations of its various parts—nothing of the great principle that presides over the actions of living, and which in so many respects distinguishes them from dead bodies, a knowledge of all of which facts would throw so much light on the operation of medicines, would remove so many doubts in regard to the nature of diseases, and would contribute so much towards enabling us to cure them.

We know well the ground that will be taken against these allegations, but it will be useless to attempt to confound us with the thrice told tale of the multiplied benefits that have resulted from the numberless dissections, vivisections, experiments and post mortem examinations that have been made, and which have so completely engrossed attention for the last thirty years, that one would suppose they were the only objects worthy to engage the time or command the consideration of the physician. But what have they accomplished, and in what respect have they contributed to multiply or render more certain our means of curing disease? This is the point at which we look—the end we should endeavor to attain—the sacred veil that should be raised. But this, do you say, will yet happen? When?—in what age?—at what remote period is this to be achieved? No one can conjecture or tell; but of one thing we are certain, and it is, that although the future may have in store many important truths that will be revealed, the results that have been procured by past exertion hardly justify the means that have been used to obtain them. What therapeutical fact of importance or what successful curative method do we owe to the researches of the pathological anatomist? Ponder the answer to these questions over in your own minds, and then think and be astounded, that for the last thirty years all that has been done, and all indeed that has been thought worth doing, has been to open the dead, from which the living have as yet derived little or no advantage, nor is it probable that they will. There is not, to our knowledge, a single disease which we have been enabled to

manage more successfully on account of the post mortem researches that have been made. This is a general assertion, and, like all generalizations, is liable to be in whole, or in part, erroneous; but we are ready and willing to meet the numerous points of dispute that may arise out of it. For no other reason than because many curious changes that occur in the course of diseases and which are results of morbid action and not the cause of it—because we know more of what morbid action does, but not more of what it is, than formerly—dead house physicians are constantly proclaiming that medicine has made more improvement during the last thirty years than it did for many centuries before. This we deny, if improvement is to be judged of by the success with which physicians, during that period, have treated diseases, in comparison with that which was procured before. We have, it is true, been more industrious, but we have in fact achieved less; we have been pursuing ignes fatuii instead of true lights; we have wasted our energies in vain efforts to localise disease instead of ferretting out the best and surest means of curing them.

Do not infer from what we have said, that it is any part of our design to discourage the study of anatomy; we wish only to show that hitherto it has contributed nothing towards the cure of disease, the only object and inspiring hope of the art. This we say of anatomy in general, and of pathological anatomy in particular, that posthumous and sepulchral light, which, we venture the assertion, so far from having enlightened, has darkened, the science of therapeutics, and so far from having given an useful impulse to curative medicine, has not only retarded its progress, but has, like the apples of Hippomenes, been constantly in our way, and as constantly diverting us from the true road to knowledge.

No case is considered complete, or in any degree calculated to be of service to the science, unless it is terminated by a post mortem examination. With this opinion no fault could be found, were it possible that we could, in this way, discover the nature of disease, and that this knowledge when obtained, would lead to the suggestion of a successful mode of treatment. This, however, so far from generally being the result, has never in a single instance happened. We seldom find more than the effects of disease, or the effects of improper treatment. It is a great mistake to suppose that whenever we open a dead body we open the book

of nature—very often we open a book as much the blundering work of human hands, as many of those worthless volumes which incumber our libraries. Reasoning then from data so variable and uncertain as those necessarily must be, that are brought to light by the researches of the pathological anatomist, it is no wonder that the science should be disfigured by the grotesque fopperies of systems, that the profession should be torn and distracted by the idle jargon of scarcely intelligible disputes, that opinions should be arrayed against opinions, doctrines against doctrines, and schools against schools.

The last thirty years are signalized, by general consent, as the most important in the whole history of the science. It is contended that medicine is more indebted, on the score of the number, variety and magnitude of the improvements and discoveries that have been made during that, than to those of any other period, however long. This, we hesitate not to say, is arrogant and vain-glorious assumption; its truth has not been, nor can it be proved. Our contemporaries and immediate predecessors have taken much pleasure in flattering themselves into the belief that medicine is indebted for all that entitles it to the dignity of a science to their labors and exertions, while humanity is under no obligation to those great masters of the art who, will soon cease to be known as having ever existed, should their writings continue to be neglected as they have been by the physicians of the present and the past generations. Now, in what do those great improvements and discoveries consist? In vain attempts, by opening dead bodies, to localize disease, and in absurd and preposterous explanations, which are purely hypothetical, of the relations that subsist between the assumed modus operandi of medicines and the alleged seat and nature of disease. We have already proved to you, we trust, that on the former point we know little, and in regard to the latter, we are satisfied we know less; and we think we have clear indications that the medical world is beginning to believe that in endeavoring to localize disease, it has been in pursuit of a phantom which never can be grasped, at least, by the means, heretofore, employed in the study of pathological anatomy.

The fundamental reason for the course that has been pursued for the last thirty years, with the view to improve the science, is, that the study of the sensible phenomena of disease, and a knowl-

edge of the effects of remediate agents, will prove unavailing, unless we are acquainted with the seat of disease; and to enlighten the profession on this point has been the object of almost every exertion that has been made, as if nothing could be done to relieve human suffering until it was completely accomplished. No one can tell what would be the result, in a therapeutical point of view, were such labors to prove successful, but every one knows that little or no progress has been made in it yet; that what has been done has reflected no light on practical medicine, and that many diseases, of the precise locality of which we know little or nothing, have been brought, it is believed, by clinical observation, in a great degree, under our control. Who knows, for example, any thing of the seat of simple and malignant intermittent fevers? Who has pointed out the seat of bilious remittent and yellow fevers? Has any one yet satisfied the public in regard to the locality of typhoid and typhus fevers. No; for even the opinions of Louis, who is considered quite an authority by many of our countrymen, are vague and undecided, and that too on a point to which he has devoted the most assiduous attention. Do we know in what organ to find the proximate cause of epilepsy, hysteria, St. Vitus' dance, and a multitude of other diseases that might be mentioned? No; and yet for all these affections, notwithstanding our ignorance of their seats, we have a number of remedies; and some of them are very useful. From what source have they been derived? From the researches of the pathological anatomist! No; for as yet we are not indebted to him for a single remedy. We owe all we have in regard to therapeutics to the clinical observation of disease, and the close study of the effects of medicines.

ART. II.—*A short account of an Epidemic Typhoid Fever.* By JOSEPH P. LETCHER, M. D., of Garrard County, Ky., in a letter to the Editor.

DEAR SIR:—About the 28th of May, 1841, an epidemic fever appeared in Garrard County, Kentucky, which raged with more or less of severity, until the last of March, 1842; about which time it ceased its ravages as an epidemic; still, however, sporadic cases

have continued to occur ever since the middle of June up to this time.

Eighty-seven patients affected with this disease came under my care, and but few manifested any improvement under twenty days, and many lingered beyond forty before any appreciable improvement could be discovered.

The subjects of this fever were from six to forty years old, yet a mild, though perfectly well defined case occurred in the person of a revolutionary soldier, who had attained to his seventy-fourth year.

A practitioner of medicine, who resides in this country, rarely has an opportunity to examine a case of fever in its first or initiatory stage, unless it should occur in a family where other members of it have already suffered from it. In the few cases, however, that came under my observation at this period of its history, the patient usually complained of lassitude, the bowels were not materially deranged, the pulse was rather below the healthy standard and somewhat oppressed. These symptoms were followed in quick succession by slight rigors or sensations of chilliness, loathing of food, slight nausea and sometimes vomiting, pain in the head and loins, thirst but not intense, bowels rather loose, heat of skin above the natural standard, pulse varying from eighty to one hundred and thirty and full, undulating and compressible, throbbing of the carotid and temporal arteries, great muscular strength, suffusion of the eyes, etc. The appearance of the tongue differed very materially in different cases. Generally, however, it was at first moist, and covered with a short white or yellowish fur, which readily changed to a dry brown, with the tip and edges red; the whole organ presenting the appearance of having received a coat of varnish. In other cases the tongue was black and moist, or black and dry; again it was flabby, and so augmented in size as to receive the impression of the teeth, with broad tip, and a few blue elevated papillæ scattered over its entire surface. In other cases again, it was perfectly healthy in appearance throughout the whole course of the disease. Such being the facts in relation to the tongue, in this form of disease, permit me to add my feeble testimony to the correctness of the doctrine which has of late been so eloquently and ably sustained, particularly by yourself, viz: that the appearances of the tongue are an uncertain and unsafe criterion by which to judge, either of the character or of theintensity of a disease.

In a few days after confinement, there was great disturbance of the nervous system, evinced by drawing and twitching of the tendons, temulousness of the tongue, starting in sleep, deafness, difficulty in fixing the attention, and answering questions in a slow and drawling manner. The stools, usually consisted of inodorous serum, tinged of a pale yellow, pea green, or sooty brown color. The urine was high colored, though not diminished in quantity. In ten or twelve days, to this condition of the nervous system were superadded delirium, increase of subsultus, difficulty in swallowing, insomnium, disposition to get out of bed, dark sordes about the lips, teeth, etc. A tympanitic condition of the abdomen was not an unusal concomitant of this state of things, and occasionally a flattened condition of the abdomen was present, with a hard and contracted state of the muscles of the belly. The skin was generally dry; in some cases again, the cutaneous secretion was so augmented in quantity and so exhausting in its effects as to jeopard the safety of the patient, and to call for the immediate use of remedies for its correction. This condition of the skin was usually associated with sudamina, a fact which had before been unobserved by me. Epistaxis and hæmorrhage of the bowels were quite common. I saw but one case of hæmatemesis, it occurred on the twenty-third day, and proved fatal in half an hour. Vesicles were occasionally seen on the legs and belly, varying in size, from a ten cent piece to a dollar. They contained a limped colorless fluid. Another affection of the skin was found on the calves of the legs, thighs and chest, which consisted in pustules that differed in size, from that of the smallest mustard seed to that of the largest buckshot, and covered a surface of three by six inches, contained a pure well digested pus. Rose blotches were occasionally, though not invariably observed.

Towards the approach of cool weather, there was inflammation and ulceration of the tonsils, of this, however, the patient did not complain, and a knowledge of the fact was first obtained by an unnatural gruffness of the voice. Affections of the lungs and air passages, were not unfrequent complications, though they rarely proved troublesome.

From the above history of the symptomatology of this fever, it is reasonable to infer that I should have considered it inflammatory in its character, and that I should have looked to the lancet and other decidedly anti-phlogistic means as the most certain means of

cure. In this expectation, however, I was most grievously disappointed, notwithstanding those on whom I tested the efficiency of the remedy were selected from amongst the young and robust, and those whose constitutions had not been shattered by previous disease. In all those cases in which I employed the lancet, I carefully noticed the character of the blood, and the effects of its loss; and *in but one solitary instance could I discover that the least possible good resulted from its use.* In this case there was strong evidence of severe gastric inflammation. The blood in this case, coagulated firmly, with a separation of all its constituent elements. In all the other cases in which I used the lancet, I could not perceive any beneficial results from its employment; either in cutting short the disease, in the permanent or temporary improvement of any of the symptoms, or in averting the horrid consequent danger of hæmorrhage. Such was the tendency to exhaustion, that in several cases deliquium followed the loss of a single ounce of blood. In such cases too, the quality of the blood, differed materially from that drawn in the first mentioned case; the coagula were illy formed and loose, the coloring matter predominating with a loss of serum and fibrin. My personal observation and experience having convinced me of the inutility of the lancet, and being satisfied, moreover, that this fever was as certainly a disease of self-limited duration as small pox or scarlatina, I at once laid aside all depletants, and studiously avoided the use of every means which was calculated to prostrate the vital energies, while I resorted, at an early period, to the use of gentle tonics and generous diet.

When first called to a case of fever, I usually gave small doses of calomel, at intervals of four or five hours, until three or four portions were taken; if these failed to procure one or two dejections, I ordered a table-spoonful of castor oil with thirty drops of the oil of turpentine. When the bowels were irritable, the calomel was combined with chalk or dover's powder, as the state of the circulation or condition of the brain seemed to indicate; enjoining the constant use of hot poultices to the bowels; mucilages as drinks; a dark room and perfect quiet. If there was much heat of skin, I directed the body to be liberally sponged with warm water. When there was undue determination to the head, hot applications were made to the extremities, and the warm or cold dash, was

administered as circumstances seemed to indicate. When diarrhœa was troublesome, I derived more benefit from the camphorated tincture of opium than from any other astringent. When nausea and vomiting were present, great benefit was obtained from the application of mustard between the shoulders, and stimulating frictions over the whole course of the spine. After the third or fourth day of the disease, calomel was rarely given; but when there was evidence of suspended or faulty biliary secretion, I occasionally gave blue mass. If the bowels were too sluggish, mucilaginous enemata, or small doses of the oil of turpentine were used. A tympanitic condition of the abdomen frequently yielded at once to the introduction of a male catheter into the rectum, and the external application of hot turpentine.

In my hands, emetics and nauseants were not productive of good in any stage of the disease, but, on the contrary, seemed to aggravate all the symptoms for the amelioration or removal of which they were given.

Towards the end of the first week, I gave nourishment, and ordered a wine-glass full of the cold decoction of eupatorium every hour or two through the day. To counteract the tendency to exhaustion, I relied on the cautious use of wine, brandy, stimulating soups, and sometimes beefstake. In some cases there was the most distressing gastralgia, which nothing relieved so much as the use of solid food.

Against the use of quinine, in this form of fever, I must enter my unqualified protest. In all the cases in which I used it, it increased the general restlessness and nervous irritation, and I invariably found my patients worse after than before its employment. From my experience, I consider the eupatorium infinitely superior to all of its kindred articles in the management of this form of fever, and most confidently believe, that the day is not far distant when it will be more popular, with the enlightened and unprejudiced of the profession, than any article of the kind. When delirium was present, I derived more advantage from camphor and valerian, and a blister to the nape of the neck, than from any other means. In two cases, in particular, where the delirium was so furious that the patients could scarcely be held in bed, the most tranquil rest was obtained by the free use of camphor, brandy and valerian. The patients awoke with soft skin, tranquil circulation,

with no heat of the head or injection of the eyes, and with a perfect restoration of all the mental faculties. The philosophy of this treatment it does not become me, here, to discuss.

In the conclusion of this synoptical sketch of a most interesting epidemic, I must add, that all things being equal, the less energetic the treatment, the more likely was the patient to recover. But unfortunately for the cause of science and humanity, the public taste is so vitiated in relation to the use of medicine, that my own preservation, has often required me to resort to the humiliating trick of coloring gum water, and of issuing it out with as much particularity as though the issues of life and death depended upon a particular sized dose, and the precise moment of giving it.

ART. III.—*Honor to whom honor. Dr. Graves on Tartar Emetic and Opium in Fever.*

DR. ROBERT J. GRAVES, of Dublin, a few years ago, called the attention of the profession to the use of a combination of tartar emetic and opium, in the advanced stage of typhus fever, in cases marked by great cerebral excitement. The emphatic claim which the Doctor put in, to the absolute novelty and originality of this practice, *to its discovery by himself*, gave rise at the time to some controversy upon this point. It was alleged by some of the Dublin practitioners, that the practice was not new. Dr. Graves says, in his clinical lectures, and in reply to this allegation, "Suffice it then to say, that the prescriptions filed by the apothecaries of Dublin establish my claims, for you will search in vain among them for one bearing a date prior to the publication of my papers on the use of tartar emetic and opium in the advanced stages of fever, and in which these medicines are prescribed in the way, or in any thing like the way, recommended and practised by me."

In looking over, a few days since, the admirable old work of Sir Gilbert Blane—every way equal, and in some respects superior, to any thing ever written by Sydenham—we found the following passage, in his remarks on the treatment of typhus:—"*When the patient,*" he says, "*is extremely restless and delirious, especially at night, there is a medicine which has a most pleasing*

effect in procuring both rest and perspiration. This is a combination of an opiate with an antimonial medicine, which was administered in the evening with great success." These remarks, it is to be borne in mind, were made nearly sixty years ago, and they are certainly conclusive as to the question of the novelty or originality of the practice recommended by Dr. Graves.

We avail ourselves of this occasion to make a single practical remark, and that is, that neither the authority of Blane nor of Graves is to be relied upon, in the application of this treatment to the common continued fever of the United States. We do not mean to say that this treatment is not applicable, or that it may not be of utility in analogous circumstances, in our own fever. We mean merely to say that, if it is so, it must be ascertained by direct observation in the treatment of this fever, and not through the experience of British practitioners; and this for the simple and conclusive reason, that the British typhus, in which Blane and Graves have found the practice so useful, differs essentially in its character and in the treatment which it requires, from the ordinary continued fever of this country. E. B.

BIBLIOGRAPHICAL NOTICES.

Elements of Physiology. By J. Muller, M. D., Professor of Anatomy and Physiology in the University of Berlin, etc. *Translated from the German*, by Wm. Baly, M. D., graduate in Medicine, of the University of Berlin. *Arranged from the Second London Edition*, by John Bell, M. D., Lecturer on Materia Medica and Therapeutics, and formerly on the Institutes of Medicine and Medical Jurisprudence, etc. Philadelphia: Lea & Blanchard. 1843. 8 vo., pp. 886.

We have been favored, by the publishers, with a copy of Muller's great work on Physiology, which is not, especially after Dr. Bell's numerous and large curtailments, greater in size than it is in merit. For several years we have been familiar with the contents of its three first books, and such an impression did it make on our mind,

that we have never failed, even in its then imperfect state, to recommend it, in the strongest terms, every successive year, since it first reached this country, to the classes to which we have lectured. Although the work, in passing through the hands of Dr. Bell, is much reduced from its original size, we are of opinion, from the hasty perusal we have given it, that the present volume retains nearly all that is valuable, in point of fact, or interesting and important in point of doctrine. Indeed, we may, without hesitation, endorse the following remarks of the editor, and conclude, with him, that "it may rightfully claim to be considered a complete system of physiology, exceeding in copiousness and comprehensive details, any other work, on the same subject, which has yet emanated from the London press." The editor remarks, in his preface:

"In arranging the volume now offered to American readers, from the materials furnished in *Muller's Elements of Physiology*, the editor has endeavored to procure reduction in size of this latter, without any abstraction of its validity and mind. With this view he has omitted, for the most part, mere disquisitions, many details of experiments, matters of physics and natural philosophy, including mechanics under the head of locomotion, acoustics and the theories of music under voice and hearing, and of optics under vision,—much of the minutiæ of comparative physiology, and metaphysics or metaphysico-physiology. But, while excluding details on collateral topics, the editor has been particularly careful to preserve physiology proper, which, resting on the basis of histogeny and general anatomy, derives important aid from organic chemistry and microscopical observations, and, in its turn, serves to illustrate hygiene, pathology and therapeutics. Thus aided and thus applied, in the manner exhibited by Muller himself, physiology will invite the attention of the student in these pages."

The notes of the editor are few, for he did not consider himself at liberty to multiply or render them elaborate, as his object was to abridge and not to enlarge the work; but few and brief as they are, they will be found, it is presumed, useful in the way of illustration and explanation.

In closing this notice, let us take this opportunity to urge those who expect in future to attend lectures in the Medical Department of Transylvania University, to make themselves familiar, beforehand, with the contents of Muller's *Elements of Physiology*, or some other standard work on the same subject. This would diminish, very much, the labor of both teacher and pupil. The laws of life can hardly, in a course of lectures, be rendered intelligible to one who is wholly ignorant of them, or to one who has

not been led, by reading, to think on the subject. Most students, at least in the Western and Southern States, commence their studies with what are called practical works, to the almost total neglect of the rudiments of the science. This course should be reversed; the former are the last works that a student of medicine should be permitted to consult, while Anatomy, Physiology, and Materia Medica, and in the order they have been mentioned, should engross his attention for, at least, the two first years of his pupilage. Without a knowledge of these elementary branches of medical learning, he will make but indifferent progress in the study of works of a practical nature. Too impatient to acquire some crude notions of the treatment of disease, students, and too often their preceptors, are too willing to postpone a knowledge of the structure, and of the healthy and morbid functions of the body; they, therefore, labor under many disadvantages, when they come to take a course of lectures, and very often they never acquire such a knowledge of these departments of medical science, as is absolutely indispensable, to render them respectable physicians.

Little as we know of anatomy, it is the basis of all of our physiological knowledge, and the latter enters as an indispensable element into all the studies of the physician. Pathology and therapeutics are sealed books to those who are ignorant of the manner in which the organs of the animal economy perform their functions in health, and of how they respond to those agents which we administer for their rectification, when under the influence of disease. Most of our pathological and practical principles are deduced from physiological theories; and although the latter have often carried us astray, it must be admitted that, as theory powerfully influences practice, the right way to render the latter more certain and successful, is to improve our knowledge of the former. There is, therefore, no excuse for neglecting or postponing the study of *Physiology*.

The London Dissector. From the last London edition. Revised and corrected by Edward T. Chaisty, M. D., late Demonstrator of Anatomy in the University of Maryland. Philadelphia: Ed. Barrington & Geo. D. Haswell. 1842. pp. 273.

The *London Dissector*, revised and corrected, will prove an acceptable aid and faithful guide to the student of anatomy. Its de-

scriptions are clear and brief, but sufficiently full for all the purposes of the dissecting-room.

Lectures on the Theory and Practice of Physic. By William Stokes, M. D., Lecturer at the Medical School, Park street, Dublin, and John Bell, M. D., Lecturer on Materia Medica and Therapeutics, &c. Philadelphia: Second Edition. 2 vols. Barrington & Haswell. 1842.

All, we presume, who make the study of medical literature even a limited part of their professional engagements, are acquainted with the *Practice of Physic*, and the treatise on the *Diseases of the Chest*, of Dr. Stokes. These are works, the former in particular, as far as it goes, of such high merit, and they have had awarded to them so distinguished a rank, that it would be presumption in us to suppose that we could add to their fairly won reputation by a complimentary critical analysis of their contents, or by a general endorsement of what has been said in their behalf. We have been familiar with them ever since 1837, and we, in common with the medical public of the United States, were indebted to the indefatigable industry and productive enterprise of Professor Dunglison, for our first acquaintance with them, and we have never ceased to commend them to the close attention of those over whose studies it was our duty to exercise a supervisal care. We have, therefore, nothing more to say of the labors of Dr. Stokes than what we have already repeatedly and emphatically said, and which is, that they furnish more conclusive evidence of close and extensive observation; industry and zeal in research, as well as of deep and accurate philosophical thinking, than the writings of any living practical author of which we have any knowledge.

The writings of Dr. Stokes constitute the greater part of the contents of the volumes before us, the remainder of them being the offspring of the industrious and learned Dr. Bell, who has not only enlarged the size, but has enriched and enhanced the value of the works which he has edited. This we may say without scruple or hesitation, for the fact that Dr. Bell published his first edition of Dr. Stokes' lectures in 1840, with copious additions by himself, and that in the brief space of two years a second was called for, is satisfactory proof of the increased value he has imparted to

them, and of the estimation in which his labors are held by the public. The second edition contains still larger, and perhaps more valuable additions than the first, and now treating as it does of nearly all the maladies which flesh is heir to, it may be regarded as a complete treatise on the Practice of Physic, which the student may study with profit, and to which the practitioner may refer with advantage. Most of the subjects of which Dr. Bell treats in these volumes are discussed with sufficient fullness and a praiseworthy fairness, but in regard to some of them, which perhaps we may take occasion to notice at another time, his opinions are such as we have not heretofore entertained and taught. As a whole, however, we have no great fault to find with the work further than to say that we believe Dr. Bell, as well as some other American authors, is doing himself injustice by mutilating aud remodelling the works of British writers; thus making the impression, at least by implication, that to go bouyantly down the stream of popularity it is deemed necessary to float under the pirated sanction of an established name. Certainly more than one American author has been safely piloted into the port of notoriety, if not of popular reputation, by British navigators, who would have been wreckcd on the shoals of indifference and neglect, if not foundered in the gulf of contempt, had he confided in his own seamanship. It is not, therefore, to the matter of the work, but to the manner in which it has been brought before the public that we object, for we would be glad to see it in every medical library. Dr. Bell is too good a scholar, both general and professional; too good a writer, and too sound a thinker to stand in need of foreign support. Should he exhibit himself in a more independent form, he will doubtless find that he has no just cause to apprehend that the public will pass an unfavorable judgment upon his productions.

The Select Medical Library, (New Series,) *and Bulletin of Medical Science.* Edited by John Bell, M. D., &c.

In the October number of this valuable periodical will be found the lectures of Dr. Blundell upon the *Principles and Practice of Midwifery.* Dr. Blundell, who has retired from the chair at Guy's Hospital, was justly regarded as amongst the most original, profound and impressive lecturers in London, and when we consider

the extensive opportunities for observation which he enjoyed; the manner in which he availed himself of them, and the ability with which he has managed the subject of which he treats, the republication of his lectures by Dr. Bell must be regarded as a fresh evidence of his desire to enrich the medical literature of the United States, and that too at a cost so moderate as to place the best British publications within the reach of the humblest member in the profession.

The Medical News and Library.

We have received the 1st and 2d numbers of this new periodical, and judging from the variety of intelligence which they contain, we would say that it promises to be both interesting and useful. Besides considerable miscellaneous matter, we find in the numbers before us, three lectures of Dr. Watson, which were delivered at King's College, London. These purport to be on the *Principles and Practice of Physic*, and, we presume, are to be continued. As yet, we find nothing in them specially ly deserving admiration or imitation. The views embodied in them are neither original or profound. *The Medical News and Library* is to be published monthly, under the auspices of the enterprising house of Messrs. Lea & Blanchard, of Philadelphia.

MONTHLY PERISCOPE.

Efficacy of Warmth in Preventing Pulmonary Diseases. Sir George Lefevre, M. D., late Physician to the British Embassy at the Court of St. Petersburgh, has published some interesting remarks on the relative frequency of pulmonary diseases in England and Russia, embodying the results of his experience and observation during a residence of fourteen years in the capital above named. There is a lack of the accurate statistics of consumption which one might hope for from an individual possessing such opportunities of information, and we must therefore in this respect be content with his remark, that while one-fifth of the population die of consumption in the British isles, the deaths in more northern latitudes "are infinitely fewer, in proportion, from that disease." This difference is accounted for by the fact, that, because the cold is more intense, far greater precaution is taken against it, so that in fact there is less exposure to it than in milder climates. This

precaution in Russia is well illustrated in the following extract. After stating that only certain species of plants can there resist the influence of cold, he adds—

"That animal life would as soon perish is equally evident, but animal life is not exposed to it. The bear, covered by his non-conducting and impenetrable fur, covers himself up under warm leaves, the hare buries himself in the snow, the wolf finds holes, and the foxes procure dens; and domestic animals, and those which are necessary to man, are provided with warm stables. The *human species* is protected by the clothing which once protected the animal from the same influence. It is not correct to suppose that the Laplander and the Samoide are impervious to cold, or become accustomed to it. That is an error. They are more susceptible of cold than the inhabitants of more temperate zones; but they do not expose themselves to it. This circumstance surprises strangers during their first winter's residence in Russia. They are astonished to find the natives enveloping themselves in warm clothing at the commencement of autumn, when their own moderately-warm dress proves quite sufficient for *them.* What astonished them at the commencement, ceases to do so in time. As they sojourn longer in the climate they feel the cold less—inasmuch, only, as they are better provided against it. They do not get accustomed to the *cold*, but to the *customs of the natives*, who never brave it but by dire necessity. It was not absolute cold which destroyed the French army. It was retreat, discomfiture, hunger, fatigue, discouragement, and total absence of every comfort. The soldiers of Gustavus Adolphus resisted the winter's cold in the thirty years' war, because they were warmly clad, and were victorious. The soldiers of Napoleon ultimately perished from the cold itself, and hunger, because they were unprovided against those causes of fatality, and they had not the resisting stimulus of victory to guarantee them against the effects of physical wants. Let the soldier rob the sheep of his skin, fashion it into a pelisse, let him take as much from the bear as will make him a cap to cover his head and ears, and the back of his neck, put double soles to his long boots, and line them with fur, and he will never perish from cold alone, between the Neva and the Niemen; for, having done all this, he has accomplished no more than does every peasant who resists the cold—from no constitutional animal power, but from artificial protection against its influence. So armed, he may bivouack, night after night, with impunity, provided he have sufficient means of sustenance, and labors not under the influence of depressing moral causes.

"Such is the peasant's external condition. Follow him into his dwelling, and see how that is constructed.

"A log hut, made of entire trees, the corners dovetailed into each other, the spaces between the balks filled up with moss, or oakum (calked,) no breath of air can penetrate the room, for its boundaries present no crevices. His door shuts close, his window frames are double, two feet by three, the glass or oiled paper fixed in. In the corner of his room is a stove, whose chimney finds exit through the roof, no wide open space to allow of heat to ascend, and cause a continual draft of air. His hut is insupportable to those who are unaccus-

tomed to such in-door temperature. The flies, congregated in some corner, hang down like a swarm of bees, happy and buzzing, in *the winter season.* He himself lies prostrate on his stove, which serves him for a bedstead. This man is a rare subject for consumption. Still, I repeat, it is not the man who resists the cold. It is the man's clothing, it is the provision he makes against the cold. Herein lies the proof:—Remove him from this sphere of life, put him into livery, let him remain for hours behind a carriage in the winter season; let him imprudently traverse the court yards without his hat, and with no clothing beyond what he wears in the warm halls, and then what awaits him? Pleurisy, dropsy, slow death.

"Ascending higher in the scale, how does the man in easy circumstances sustain the cold? By opposing to it its fell antagonist, *warmth*—not himself; he knows better. You enter his chamber. "How warm your rooms are, Ivan Ivanowitch." "Slava Boga Yospadin,"—*heat breaks no bones.** You dare not, as in England, enter his parlor with a great coat upon your back. That would be a woful offence—a reflection upon him—as much as to say, "You have economized your fuel; you have not heated your stoves." Such conduct would be an absolute misdemeanor. On quitting his rooms he does not leave warmth behind him. He conveys it about with him, close confined, in a fur pelisse, whose non-conducting qualities will neither suffer animal heat to escape from within, nor cold to penetrate from without. These precautions are not regulated by whim or pleasure. They are peremptory. He watches the mercury in the thermometer, and he has clothing which defies every degree of cold."

In a further description of the method of in-door protection, he represents the houses of the more affluent as warmed equally in every part, including the entries, stair-cases and bed-chambers, and gives a vivid picture of that "most awful of all moments" in England, when an individual must leave his warm bed in the morning, and with teeth chattering, emerge into a frost-chilled room to dress, all of which is avoided by the means above mentioned. He also represents the climate of St. Petersburgh to be quite as much subject to variations of temperature as that of any other city in Europe, so that the exemption from pulmonary complaints is not to be attributed to any advantage in this respect. It is therefore to *warmth* alone that he attributes this exemption.

Dr. L. is not blind, however, to the evils of this mode of living; and though he says nothing of the danger of injury to the lungs, among those who are not invalids, by breathing alternately two such atmospheres as that within and that out of doors, which people who go out at all must necessarily do, he alludes to other evils as follows. Whether these, or those intended to be avoided, are greatest, the reader must judge for himself.

"The most obnoxious evil which a house warmed upon the Russian system offers to a stranger, upon his first arrival, is the want of fresh air in the apartments. There is universally a close, heavy, and, some-

*"Thank God, heat breaks no bones."—*A Russian proverb.*

times, a sickly smell, prevalent in Russian houses, not to be disguised by the burning of spices. There is not that fresh, healthy, bracing feel in a room, whose windows are hardly opened once a week, which is characteristic of an English parlor at breakfast time, the doors and windows of which have been open during the whole of the time employed in dusting the chairs and lighting the fire. This is true; but, on the other hand, the lady of the Russian house does not put her fingers into the warm water of the slop-basin to restore the circulation. Which is preferable? A robust, healthy person will decide for the latter; a consumptive one, exhausted by a fit of coughing, occasioned by the transit from the bed-room to the parlor, will prefer the former; and to such individuals are these observations alone addressed. Still, in candor, I must place *impurity of air* among the most potent inconveniences of equable chamber temperature. Those who are unaccustomed to it are, at the outset, much annoyed by a depressiug influence which it has upon the nervous system. They lose a certain feeling of buoyancy, and a degree of inertia is engendered, an inaptitude to exertion and to mental occupation, and an irresistible desire to sleep, as soon as they are seated in a warm room, after having been exposed for any length of time to the cold air. This is often accompanied by some uneasy sensations about the head; the appetite is impaired; the functions are not performed as they should be; and last, not least, there ensues a total want of sleep.

"Such are the inconveniences which many experience upon their first arrival; and the question, in reality, should be, not "How do you stand the cold," but, "how do you bear the heat?" Headaches are frequent, obstinate. Dyspepsia is not uncommon, and the stranger expresses himself as being "altogether out of sorts;" but this wears off in time, and, by adopting such a plan as I shall mention hereafter, he may in a great measure counteract these effects, whilst he is certain to avoid any ill consequences from frigorific influence.

"A positive ill, and one to which almost all the natives are subject, is found in hæmorrhoidal affections. This, in a great measure, may be avoided by proper means, for many strangers who pursue the same modes of life as they do in more temperate regions, are, in a great measure, exempt from them. The Russians are, during the winter months, an inactive race, and what exercise they do take is of a passive kind, so that the circulation is not propelled by bodily motion. When within doors, the merchant reclines upon a leathern sofa, wrapped up in a warm morning gown. When exposed to external air, he is enveloped in a heavy fur mantle, which protects him from cold, but allows of no vigorous motion of body. Hence he remains stationary, stamping his feet upon the ground, before his shop door, or in his warehouse; and if he be obliged to move to any distance, he gets into a sledge and drives passively along. These sedentary habits are the chief cause of the hæmorrhoidal affections to which the natives are subject. This, then, is another of the disadvantages which arise from the effects of such warm rooms upon the system. Many of them may be counteracted, and, by adopting Russian prudence, as regards the

pernicious influence of cold, all the salutary habits of English life may be indulged in, not without benefit, and with no risk.

"I am not offering these hints to the strong and robust—to those who can brave all things, and who ridicule care and caution; I am addressing those whose lives daily depend upon these two requisites, and whose existence is often abridged by the neglect of them. I am endeavoring to impress upon those who are already affected, or predisposed to diseases of the respiratory organs, that the inhabitants of northern latitudes are in a great measure free from such complaints, not because that, living under the poles, they are inured to cold and ice, but because they have found out, and never neglect, the means of protecting themselves from their pernicious consequences. The cure or prevention of such ills may be said to be a species of commutation of one evil for another. It remains to accept or reject it—to put up with a few of the inconveniences which have been specified, as attendant upon warmth, or to risk certain destruction of life. Will the patient who sees it in this light, hesitate upon the choice?"

The remainder of Dr. L.'s paper is mostly devoted to the precautions which he thinks would have great influence, in England, in preventing pulmonary complaints, or in preserving life after such complaints are seated. He alludes to the use of the respirator among invalids, when out of doors, as a means of great importance. To the affluent he recommends a stricter attention to clothing and to chamber warmth. With regard to the poorer classes he says—

"I should like to see the inhabitants of the northern counties in England adopt, during the cold months of the year, the sheep-skin pelisse of the Russian boor. It would serve them in several capacities. It would supply them with warm clothing, be an additional cover to their bed at night, and stand instead of fire on the hearth, where they have perhaps no more than the means of furnishing sufficient fuel to cook potatoes. Wrapped up in a sheep-skin pelisse, the working man might sit in his chimney corner in comparative comfort. He would have less inducement to go abroad, less temptation to seek the blazing hearth of a neighboring ale-house, if he had the means of making himself more comfortable *at home*. It is the cold of his hovel that he has to dread, more than the inclemency of the weather out of doors. This he can brave; his labor may keep him warm without, but it is when returning from his plough and from the fields, wet, tired, and chilled with cold, that he would feel the comforts of stripping off his working clothes and wrapping himself up in woollen garment. By such means he would avoid coughs and colds, which, once contracted, none of the means within his reach can serve to abbreviate."

"Let the good folks at home establish *temperance societies for the lungs* as well as for the stomach, and they will effect a quantity of positive good. Nay, the two sister virtues will go hand in hand. How might not the peasants of each country gain by a change in the habits of their lives? Introduce temperance societies into Russia, and *warm houses* and clothing among the English, and the reform would, so far as we can imperfectly see, be productive of the greatest blessings to the population of both. It is in vain to hope for perfection at once, but time

does work wonders, and by *time* is to be understood enlarged views of mankind in general, and the promotion of these views. Let every one do something for the good of his fellow creatures, each endeavoring to improve their physical condition. Their moral condition will not stand still. As they find more comfort in life the more will they cherish it, and the more easily will they discover that morality is the essence of comfortable existence. Let none be discouraged by the idea that individual exertion is valueless."

Dr. L. gives still further directions to consumptive invalids, but they are mostly a repetition of what we have already quoted—the main object being to retain the invalid within doors in winter, where fires are to be kept up day and night, and the enemy thus "kept out of the house."—*Bost. Med. & Surg. Jour.*

Extract from Dr. O'Beirne's Observations on the Nature and Treatment of Dropsy.—It appears, then, that the general results of my inquiries on the subject of dropsy, are

First, that all the phenomena of the disease are but the products of venous obstruction; and that venous obstruction is caused either by diminished capacity of the lungs, or by an increase of the circulating mass of venous blood, or by both of these causes combined.

Secondly, that the disease is not of an inflammatory nature.

Thirdly, that the disease, with the exception of the early part of its course, is attended with more or less of general debility.

With these general results before me, let me now see what curative indications respecting hydrothorax and anasarca, can be deduced from them. The first of these results manifestly shows, that we have only to remove venous obstruction, in order to remove the disease; and, that this must be done either by increasing the capacity of the lungs, or by diminishing the circulating mass of venous blood.

With respect to the first of these alternatives, the capacity of the lungs is, in dropsy, either natural or diminished. When natural, as in cases arising solely from either cold or plethora, it would be absurd even to imagine that it could be increased by any means; and when diminished, as in cases arising from hepatization and a variety of other causes, it cannot be increased without removing those causes, and consequently, without losing time which cannot be spared. It appears, therefore, that we must fall back upon and adopt the other alternative, that of diminishing the circulating mass of venous blood. This being, then, the main curative indication, how is it to be carried into effect? Seeing that our object should be to relieve the obstructed state of the venous system as fully and as quickly as possible, it is clear that we should employ venesection in preference to cupping, which acts less energetically and more slowly. But what quantity of blood should be taken? The second of the general results shows, that we have not to contend with an inflammatory disease, and consequently that the quantity should not be large; while the third of these results warns us against taking more than a moderate, or rather a small quantity, perhaps from eight to ten ounces. Should we repeat the bleeding? One of the immediate effects of the first bleeding should be that of reliev-

ing the absorbent system, and enabling it to restore the effused serum to the circulating mass of blood; and we see a proof of this being actually the case in the evident reduction which venesection causes, even in a few hours, in the swelling and œdema of the external parts. It may be safely inferred, therefore, that a short time is sufficient to restore to the venous system as much serum as compensates for, if it does not exceed, the quantity of blood which had previously been taken from the arm. We see the proof of this, also, in a fact, which I have often observed, that although the patient may at first, bear the bleeding badly, he evidently rallies in a few hours. If necessary, therefore, we need not feel any dread of repeating the bleeding. How often, at what intervals, and in what quantity should it be repeated? It should be repeated when absorption and the secretion of urine become languid, but it will rarely be required to do so more than three or four times during the treatment; the intervals between each should be from two to three or four days, so as not to induce debility; and, for the same reason, the quantity of blood taken should be reduced in succession from eight or ten to six, and from six to four ounces, the last being the smallest that can be of any decided service. If the patient be young, but of weakly constitution, or if he be old and feeble, and supposing, at the same time, that the disease has arrived at a considerable height, how are we to proceed? We should bleed him from a small orifice, and as much as possible in the incumbent posture; while the blood is flowing, we should give him gin and water in such quantities as may be necessary to support him; and, after the arm has been tied up, he should be ordered to have frequently during the day strong broths, and such other kinds of animal food as may be found to agree with him. This mode of treatment will, no doubt, appear very strange, yet it is founded upon the soundest principles, and I have employed it, as will be seen, with the most decided success. The proportions in which I have been in the habit of directing gin and water to be used, are one part of the former to four or five parts of the latter, and the gin should be Dutch, not English. It is scarcely necessary to say, that I have selected this kind of spirituous liquor on account of its well known diuretic properties. If a case be so far advanced that the cavity of the pleura is filled, or nearly so, with serous fluid, and if the patient be evidently dying from difficulty of breathing, yet not comatose or paralysed, are there any means of immediately relieving the difficulty of breathing, so as to enable us to give him a chance for his life? I cannot answer this question from experience, but it appears to me to be a case, particularly if the patient be young and has been previously healthy, in which we would be justified in instantly having recourse to paracentesis, which may be performed by a common lancet, if we should at the time not happen to have a better instrument. While the fluid is issuing from the chest, the patient should be given warm wine and water, and every restorative means should be employed; and, when a quantity sufficient to relieve his breathing has been drawn off, the wound should be then carefully closed with adhesive straps. This being done, and the restorative plan being continued, it is probable that absorption will go on, and enable us in a few hours, to find a vein from which we should take blood in a quanti-

ty proportioned to the patient's strength, from a small orifice, and in the recumbent posture. Having thus reduced the case to the state of an ordinary one, we may then treat it as such, until, perhaps, success shall have, at length, crowned our efforts to snatch a victim from the very mouth of the grave.

The next curative indication is obviously to support the patient by animal food, and the occasional use of gin and water, in order to enable him to bear not only these repeated bleedings, but also the debilitating effects of the disease. The only exception to this rule is, perhaps, the case of a young strong person, in whom an attack of inflammation of the lungs has just terminated in serous effusion. In such a case, it will be advisable to withhold both animal food and spirituous drinks for two or three days, but beyond this time, if not before, the state of the patient will not, even in this case, fail to evince the necessity of giving both.

The other curative indications are, first, to free the bowels, if confined, with compound powder of jalap, or, if their secretions and discharges be unhealthy, with calomel or blue pill; secondly, to assist the action of the kidneys by diuretics; thirdly, if the disease has arisen from hepatization of the lung or lungs, to administer blue pill in combination with diuretic powders, as this combination often acts upon the mouth as well as the kidneys, and, by doing so, causes absorption of the coagulable lymph deposited in the cellular tissue of the lungs; fourthly, should more or less of hepatization remain after the dropsy has been removed, to employ a mild mercurial course until all dullness has disappeared, and the natural respiration is again heard all over the chest; fifthly, when the disease has been completely removed, to advise generous diet, tonics, and change of air.

Such is the treatment which I recommend in hydrothorax, and also with a few obvious modifications in anasarca, and I shall now proceed to show that it is one which I have successfully employed for nearly twenty years.

I should now proceed to detail cases of anasarca successfully treated by the same means, but as that disease is really but a mild form of hydrothorax, and as almost all the cases of it that I have met, yielded readily to a single bleeding, with diuretics and purgatives, I consider that the detail of such cases would but uselessly occupy the time of the reader. But I shall take the liberty of directing his attention to some facts respecting the use of venesection in dropsy, which may enable him to see at once the precise difference between my treatment of the disease, and that hitherto recommended and employed. Venesection is recommended by Hippocrates, and many ancient and modern authors; and about the middle of the sixth century, Alexander Tralles, or Trallian, advocated it *per exiguas missiones*, and his successors, down to Maclean, Blackall, and still later writers on the subject, have adopted the improvement. There is nothing new, therefore, in the treatment of the disease by small and repeated bleedings. But it will be found that, without any exception, all of them have restricted venesection by so many conditions respecting the age, strength, and temperament of the patient; the organ affected; the state of the pulse and respiration; the

urine being or not being albuminous; the origin of the disease from inflammation, or from the suppression of either natural or accustomed discharges; the occurrence of hæmoptysis; and a great variety of other points, that the use of this valuable remedial means really constituted the exception, not the rule. In fact, it was, and now is, so very conditional, that many have been deterred from having recourse to it in any case. Again, even the modern works on the subject exhibit the clearest admissions of the great difficulty to be encountered in steering a safe course between, on the one hand, the obvious necessity for counteracting the tendency to debility, and, on the other, the danger of exasperating a diathesis supposed to be inflammatory. But, now that the practitioner has before him views which avoid the extreme of both doctrines; now that he is supplied with a set of clear and simple rules to direct him in bleeding; now that he sees and must be convinced that he can not only support, but stimulate the patient with the greatest advantage, and without any risk; it is to be hoped that he will, sooner or later, surrender his prejudices against the use of the lancet, and adopt a practice which will not, I venture to assert, fail to answer all his reasonable expectations.—*Dublin Jour. of Med. Science.*

Club-Foot, Strabismus and Stammering. The Quarterly Summary of the Transactions of the College of Physicians of Philadelphia, for November, December and January last, has been received, and we see in the Annual Report on Surgery, by Dr. Isaac Parish, that operations for club-foot, strabismus and stammering, have failed to realize the high, but unreasonable, expectations of their friends and eulogists. This was anticipated and declared many months ago in this Journal. In relation to the results after operation for congenital club-foot, Dr. P. remarks:

"Many of the supposed cures were ascertained to be far from being perfect, long after they were so reported. Some of the patients, at the end of a year and more after the operation, were obliged to avail themselves of a mechanical support, &c., and to exercise constant care to keep the foot in its proper position; others were walking about with a halting and enfeebled step, from the debility of the limb, resulting from the division of important tendons, or from the want of proper muscular development, while others suffered extremely from excoriation consequent upon the pressure of the dressings required to maintain the limb in its normal position.

"These and other circumstances have tended to dampen the ardor of some of the more enthusiastic advocates of the operation; to induce a more guarded recommendation of it, and a less positive prognosis of its results. At the present time, so far as our inquiries have extended, there is less eagerness on the part of operators to divide tendons; and of patients to submit themselves to the process. The number of operations is much diminished, while the utility of the operation is considered doubtful, in cases in which at one time, it was scarcely ques-

tioned. It forms, nevertheless, in certain instances, a simple and ingenious method of aiding in the promotion of an important end, and saves time and suffering, with very slight risk to life. Viewed in this light, it merits our favorable regard, and may justly be ranked among the improvements in operative surgery, to which the genius and enterprise of modern times have given birth."

In regard to the value of the operation for strabismus, Dr. P. says:

"On the whole, the evidence in favor of the operation is still so vague and unsatisfactory, that a positive judgment as to its merits cannot, we conceive, be formed at the present time. That the operation has signally failed to accomplish what was anticipated on its first introduction, is abundantly evident: whether it possesses sufficient merit to retain a place amongst established surgical means, time and subsequent experience must determine."

Little good as has been derived from the operation for strabismus, less has been procured from that for stammering:

"It is matter of regret, however, that human life should have been forfeited by the rashness of those who ventured upon this dangerous and futile method of relieving a mere defect of articulation. Dieffenbach is said to have lost one patient by hemorrhage, and Velpeau another by purulent absorption. During the past year the operation of cutting several of the muscles of the tongue to relieve stammering, has been twice performed by Roux, without any permanent benefit, although his patients appear to have escaped serious injury."

Amputation during Mesmeric Sleep. An account was read at the meeting of the Royal Medical and Chirurgical Society of London, on the 22d of November, of an amputation of the thigh for ulceration of the knee-joint, while the patient was in what is called the Mesmeric sleep. Like other surgical operations in similar circumstances, which have been detailed in this country and elsewhere by persons interested in the success of animal magnetism, this is represented to have been performed with perfect unconsciousness on the part of the patient. It is acknowledged, however, that after being Mesmerised for the operation, he was awakened by merely being moved towards the end of the bed by means of the bed-clothes under him, and he was again put to sleep after being placed in the most convenient position. It is also stated that, after the second incision, a moaning commenced which continued, at intervals, till the conclusion of the operation; and the patient himself, though denying that he felt any pain, said that he once felt as if he heard a kind of "crunching." The first dressing of the wound was likewise stated to have been done while in the same unconscious state. The subject was pretty fully discussed by the members of the Society, most of whom (among them Sir Benj. Brodie, Dr. Marshall Hall, Mr. Liston and Mr. Bransby Cooper) expressed themselves as

disbelievors in animal magnetism; and instances were related by several in which quite as remarkable insensibility to pain was manifested without any preparation by means of magnetic manipulations.

Bost. Med. & Surg. Journ.

On the Difference between true Typhus and Typhus Abdominalis, and on the latter affection in Children. By Professor Seidlitz, of St. Petersburg. Great confusion has arisen from the application of the word typhus to diseases essentially distinct and differing from each other, as typhus abdominalis and true typhus—typhus sanguineous.

The difference between the two diseases may be summed up somewhat in the following manner:

Typhus sanguineous is characterized by a short stage of premonitory symptoms; the rapid development and increase of the disease, marked by some striking though temporary symptom, as shivering; pain in the head; vomiting; extraordinary loss of strength. There is violent disturbance of the circulatory system; the blood is black, altered in character; and a great tendency exists to congestion of the brain, liver, and intestines, constituting hypostatic inflammations or apoplexies of those organs. The skin becomes burning hot, and an eruption of an erysipelatous character appears in large patches over the whole body. The urine is in moderate quantity, turbid, and loaded with crystalline deposits. The disease is contagious; it observes in its course a distinct septemeral type; and critical evacuations precede its termination.

Typhus abdominalis is characterized by long previous indisposition, gradual development and slow progress of the disease, with especial disturbance of the digestive powers. Excitement of the circulatory system does not come on till afterwards; and the blood, which is almost normal in character. does not become concentrated about the parenchymatous organs, but a tendency exists to serous effusion. Cerebral affections occur at a later period, and are evidently secondary. There is no disagreeable heat of skin, but rather a diminution of temperature; petechiæ are scattered about the lower part of the abdomen; and miliary eruptions appear towards the end of the disease. The urine is straw-colored, and, at the end of the attack, deposits a sediment which resembles spiders' web.—The disease is not contagious. Its course is very uncertain: it exceeds four weeks, and sometimes continues for six months. Sleep and a constipated state of the bowels announce its termination.

At different ages the symptoms of abdominal typhus vary considerably. One form which has usually not been referred to this head, is that nervous fever which occurs in children between their sixth and their eighth year. Its precursory symptoms, which consist in irregular appetite, a variable state of the bowels, occasional attacks of fever, marked emaciation, dryness and harshness of the skin, unquiet sleep, and pettishness in the child's manner, often continue for several weeks

and then disappear completely during the heats of summer, or, if they made their appearance in autumn, on the cold of winter setting in. Sometimes with the return of spring or autumn these symptoms recur, though less severely; and each year they reappear with diminished severity, till at last they cease entirely. At other times, however, under the influence of errors in diet or of moral causes—as the wearisomeness of a child's tasks at a boarding-school—the appetite is entirely lost, the evacuations become liquid, the skin grows drier, the pulse more hurried, and eventually the disease appears in its severer form. The febrile character of the affection becomes more marked, the skin of the body and the head are burning hot, the thirst is urgent, and slight delirium comes on. The patients now remain in bed without expressing any desire to get up, and soon they begin to pass their evacuations involuntarily. The dejections are liquid, of a yellowish brown color, and offensive smell. The abdomen is tympanitic, slightly painful; the skin of the abdomen and of the whole body, with the exception of the feet, is hot; the lips and tongue are dry, but nevertheless the patients do not ask for drink, though they swallow anything that is given them. They lie for hours together in the same position, altogether unconscious, and, to all appearance, in a deep sleep. After three, four, or five days, consciousness seems to return, but the little patients seem unable to utter a word or even to protrude their tongue; they lie with their eyes closed, but sleepless; their senses being either weakened or else preternaturally acute. At the end of ten or twelve days there is some slight return of appetite; the tongue, which at no time is thickly coated, becomes moister, and the skin of the lips peels off; but before the end of the third week, no critical evacuation takes place, no deposit is thrown down from the urine, no moisture breaks out on the skin. About the beginning of the fourth week, however, perspiration appears about the neck, chest and abdomen; but after two or three days it ceases and leaves the skin harsher than ever. But now frequent crops of miliary vesicles show themselves, after some hours of restlessness and febrile disturbance; but in the intervals of these attacks the sleep is sound and tranquil. The tongue becomes perfectly clean, very red, broad, and flabby; the thirst ceases, but the patients are troubled by hunger, so importunate that they ask for food every half hour. In about the fifth or sixth week the skin once more becomes perspirable, desquamation of the epidermis takes place, and the hair falls off. The children, though worn to skeletons, may now be regarded as convalescent, but they are still unable to walk; and three, four, or even six months are requisite for their perfect cure, while they are very liable to relapse, from errors in diet, or from neglect of the condition of the bowels.

The treatment adopted by Professor Seidlitz is the following: At the commencement of the disease, when premonitory symptoms only exist, he gives very small doses of hydroloric acid, with ether, or Hoffman's anodyne, or else a mixture of *eau de chlore*, in some aromatic infusion. He orders warm baths twice a week, directs the body to be well rubbed with castor oil every day, insists on a very abstemious diet, and gives the patient pure water for drink. The slight diarrhœa which

may exist is not to be suppressed, but small doses of castor oil may be given, under the use of which the evacuations gradually become more consistent. If in the course of the disease the evacuations become flocculent and more frequent, an emulsion of olive or poppy oil may be given, and sinapisms may be applied to the hypogastric region or to the feet. If the abdomen become hot and tympanitic, half a drachm of strong mercurial ointment may be rubbed into the hypogastric region twice a day, until the symptoms decline, when recourse may again be had to the acid or chlorine; or afterwards, to an infusion of the flowers of the *salmaic ferrugineux.* The occurrence of delirium must be met by the application of one or two leeches to the mastoid process, so as to keep up a slight draining of blood for twelve or eighteen hours, and ice must be almost constantly applied to the head till consciousness returns. At the same time, half grain or grain doses of calomel must be given till they produce green evacuations, when that remedy must be suspended, and the acetate of lead, in quarter-grain doses, may be given three or four times a day, either alone or in combination with musk, in rather large doses, so long as the tympany and liquid stools continue; and, during the same time, mercurial inunctions may be employed every two hours. A small blister may now be applied to the epigastrium, and should, after an hour and a half or two hours, be removed to another part, so as to produce a slight counter-irritation of the skin of the abdomen. After ten or twelve days more, the acetate of lead may be discontinued, a camphorated julep may be given instead, and a little Dover's powder may be administered, and a warm bath employed by way of preparing the skin for the future crisis. As soon as the miliary eruption appears, all medicine may be discontinued, in the great majority of cases; but the convalescence, unusually tardy, is always expedited by removal to a purer air, or by mere change of dwelling.—*New Eng. Jour. of Med. & Surg.—Abstracted from Prof. Seidlitz's Clinique Medicale.*

Animal Magnetism.—The Boston Mail states that at Lowell, lately, a young woman submitted to the painful operation of extirpating a tumor on the shoulder, under the mesimerick influence, without experiencing the slightest pain. Dr. Shattuck was the operator. A number of physicians were present. The operation under ordinary circumstances would have caused acute suffering.

It is well enough to qualify the above statement with the phrase, "under ordinary circumstances," for it does not universally happen that "acute suffering" is experienced during surgical operations, and this may have been an exceptional case, and it, therefore, proves nothing. To be satisfied of the trath of this, the reader has only to refer to the article on page 40 of this number. Besides, we were just told by Professor Dudley, that he performed the operation of lithotomy on a little boy who, when brought into the operating room, trembled with apprehension on account of the pain he ex-

pected to experience; and yet the Professor cut into the bladder, and extracted the stone without the knowledge of the patient. On this subject, however, for the present, at least, it appears useless to speak, for the people, and even some of those who would be considered scientific and literary characters, love to be, as the Hon. Tom Marshall would say, "*honey-fuggled.*"

One of the usual experiments performed by one of the retailers of mesmerism at twenty-five cents a head, is to cause the arm to be extended and rendered rigid at his will, and the idea is studiously propagated that no one, not in the somnambulic state, can keep the arm in that position more than fifteen minutes. Well, said we, on one occasion, the only way to prove it is by determining what those can do in the natural state. The mesmerisee at the will of the mesmeriser, extended his arm in a rigid state, and at the same time a lady and two boys, one ten and the other twelve years of age, did the same. The lady, as she said, without great inconvenience, sustained her arm at a right angle with her body forty-five, the boy ten years of age thirty-two, and the one twelve years of age thirty-nine minutes. Now, the boy who was in the somnambulic state, and of course knew nothing of what was going on, said with an air of triumph, after the lady and two boys had ceased to keep the arm in an extended position, "Why I could have held mine out a week." This same boy could hear and give answers to questions put to him by those not in communication with him, and yet could not hear pistols discharged within two inches of his ear. Can any thing be more absurd, and yet grave and reverend seniors, who witnessed what has been stated, say that they believe in *mesmerism?*

Partial or general insensibility of those in the somnambulic state is appealed to as positive proof of the truth of mesmerism. Now, what is the conclusion to which Burdin and Dubois have arrived, and which is to be found in their very recent *Academical History of Animal Magnetism*, which is accompanied with notes and critical remarks on all the observations that have been made, and experiments performed from 1784 to the 10th of May, 1841? "That the insensibility of those in the somnambulic state has not been proved: several subjects, it is true, have appeared to be insensible; they have not complained of feeling pain; but more numerous examples still have shown, naturally, the same insensibility during

the most intensely painful operations. There is, therefore, no necessity in regard to the cases of those who have been trained to it to have recourse to a magnetic interpretation; the power of the will alone is sufficient to explain the effects that have been produced."

Treatment of Burns by Soap. By T. WILLIAMSON, M. D.—[Dr. Williamson's treatment of burns by soap may raise a smile, but it is nevertheless found to be successful; and on account of its simplicity, and of its being always at hand in cases of emergency, will no doubt be more generally adopted. He says:—]

The mode in which I am in the habit of employing it is this:—A common box may always be procured, from which a good lather may, in the course of a minute or two, be easily obtained. This lather is then gently laid over the burnt surface by means of a shaving brush, and repeated as soon as the first coat begins to dry, or the pain return. This practice ought to be repeated occasionally during the first day, or until such time as the pain is relieved. The benefit accruing to the patient is immediate, and the result of the practice highly satisfactory; for in more superficial burns, if early applied, vesication is prevented, and, in the course of a few days, desquamation of the cuticle follows, without leaving a raw surface. Of course this, as a remedial measure, is most applicable to superficial burns; but even in such cases as involve destruction of the more deep tissues, it is not used without advantage, in so far as the personal comfort of the patient is concerned. In such cases, after the lapse of a few days, the crust formed by the soap is easily removed, so as to permit the employment of other remedies, if necessary. I am not prepared to say whether the benefit and instantaneous relief, following the application of the lather, are to be ascribed to its chemical composition, or simply to the fact of its affording some degree of protection from atmospheric agency, or both.

N. Y. Lancet, from the Medical Gazette.

On the Uses of Belladonna.—This plant is well known to possess some specific powers, differing somewhat from all others. It has a controlling influence over the nervous powers, dilating the pupils of the eyes when taken internally or applied externally; but its power to arrest the secretion of milk in the female breast is among the most important which it possesses. If the mamma, one or both, be covered with the leaves ten days or more, beginning on the day of the accouchement, no milk will be secreted, in many instances preventing mammary abscesses. When properly applied to one breast alone, it completely prevents secretion in that, while the other secrets abundantly. From ten years' experience in the use of it for this express purpose, I know it to be so. If I wish to stop the secretion of milk at any time, it is easily done; and to do this most effectually, I take two ounces of the leaves, soak them in rum and water a little above blood heat, spread them on a cloth, over the whole lay a thin gauze, and all kept in place

by quilting them well together. Thus prepared, it is to be spread over the mamma, and the whole to be supported by a suspensory bandage, passing over the neck and under the breast, keeping it constantly warm and moist. As it occasionally happens that milk cannot be drawn from a breast when secreted, giving origin to suppuration, this remedy then becomes an invaluable one by using it before the secerning powers begin to operate.—*Boston Med. & Surg. Jour.*

Engorgement of the Uterus.—In a pamphlet published by Doctor Clement Ollivier, of Angiers, on the treatment of prolapsus uteri, he speaks strongly against the use of differently shaped pessaries, which are employed indiscriminately, without paying attention to the cause of the prolapsus, which, according to Dr. Ollivier, is nothing more than an engorgement. Thence arise the symptoms which are constantly observed, and which are attributed to any cause other than the presence of a foreign body, and its contact with a painful and inflamed surface.

M. Ollivier considers that one of the most frequent causes of this affection in young girls, with whom it is very rare, is masturbation. He says, that one of the most frequent causes of chronic engorgement of the uterus in virgins, or women who do not have any communication with men, is masturbation, which, by gradually inducing disorder in the uterine functions, gives rise at first to spasm of the organ, which affects the secretion of the menstrua; on the other hand, this excitement, if frequently repeated, finally brings on a more or less intense sanguineous congestion, which gives rise to a kind of impermeability of the uterine parenchima, caused by a slight inflammatory affection; then the dysmenorrhœa, at a later period, becoming habitual, induces amenorrhœa, which ultimately determines more dangerous diseases. Sterility is always an inevitable result, unless the diseased state of the uterus being arrested, allows those portions of the viscus which continue healthy to perform their functions; the catamenia may then reappear, but are almost always accompanied by uterine colics; the matrix may recover its powers of conception, but during gestation a period arrives when the uterus, not being able to enlarge freely, on account of the inflammatory action it has undergone before conception, reacts upon the product it contains, and almost always determines an abortion; in this way the pregnancies of women affected with morbid conditions of the uterus almost always terminates.

Masturbation, in causing a disordered condition of the entire uterus, produces more frequently an engorgement of the body of the organ rather than of the neck, whilst an exactly contrary condition obtains in women who have connection with men. In virgins the affection of the body of the uterus is more frequently found, that of the cervix uteri more rarely.

M. Ollivier mentions, among other causes of engorgement of the uterus, the irritation of the sexual organs by primary connection, a cause of irritation of the organ the more dangerous, that it has hitherto escaped the notice of medical men, either because they do not attach

sufficient importance to it, or because women conceal from them the knowledge of their illness, notwithstanding the sufferings they endure.

The dysmenorrhœa, which almost always follows abortions, is the result of an inflammatory engorgement more or less considerable, and susceptible of cure; this engorgement is the cause of the sterility that follows miscarriages. The frequency of these inflammatory engorgements observed by the vulgar has rendered abortions more dangerous in their eyes than a delivery at the full period; when they take place during the first pregnancy, they are the more frequently to be attributed to a too great sensibility of the uterus, as yet unaccustomed to the sensations produced by coition. It is this sensibility which gives rise to consecutive inflammatory symptoms; under other circumstances, this uterine sensibility causes the disorders which precede menstruation.

M. Ollivier attributes the sterility which occurs to most women in large towns, after their first and second labors, to a similar cause. The editors of the "Journal de Medicine et de Chirurgie Pratiques" observe, with respect to this opinion, that they agree with M. Ollivier, that the engorgement of the uterus may sometimes prevent conception, but that another cause for this pretended sterility in great towns, and Paris especially, must be sought for. Considerations of a different kind will explain the small number of children found in families, whose pecuniary means are not in just relation with their daily expenses.

Provincial Medical Journal.

Condemnation of Myotomy in Spinal Deformities.—M. Bovier, we are glad to observe, in a memoir read before the Academy of Medicine in July last, and published in the Annals of Surgery for December, has exposed the utter fallacy and folly of M. *Guerin's* myotomic practice in cases of lateral deviations of the spine.

Our readers are probably aware that the "grand myotomiste" of Paris attributes almost all deformities, whether of the trunk or of the extremities, to a permanent contraction of certain of the muscles of the affected part; and, assuming this position as established, he very fairly concludes that, if these muscles are divided across, the deformity will necessarily be lessened, if not entirely removed. M. *Guerin* seems to regard the human body very nearly in the same manner as a sailor does his ship. When the latter wishes to square any yard, which is much aslant, he lets go on the lee side the ropes which are called the *braces,* and gives a pull upon those on the weather side. Just so does M. *Guerin* in his treatment of deformities; he cuts across the muscles and tendons which, according to his view of the subject, are *taut* (to use Jack's phrase,) and looks for nature to give a pull upon the antagonist ones, that had been slackened.

If we could give credit to his own reports, his success has been truly marvellous; and certainly the rapidity with which, he tells us, many of his cures are effected, must add greatly to the value of his "belle decouverte." So simple, he goes on to say, is the operation which he performs, that he has divided nearly 40(!) muscles or tendons, (according to the sub-cutaneous plan,) in one patient at a single sitting. Good news for all the wry-backed, stiff-necked, club-footed people of the

world! it is their own fault if they remain one day without being mad as straight and upright as He of the silver bow.

It is certainly a curious feature of the surgery of the last few years, this passion for dividing muscles and tendons, or for myotomy, as the operation has been called. We suppose that all the squinting people in Europe have been cured by this time; and as for club-feet, they are never heard of now. Poor *Byron!** why were you born before the present day? Many a vexatious moment might have been spared thee, had the star of thy nativity not arisen until the fourth decenniad of this century. But, alas! the fates are very wilful, and too often make use of any disease or deformity in the body to whip weak man for the follies or vices of his mind.

To revert to the subject from which we started, we are glad to find that some of the French surgeons themselves are inclined to oppose the absurd practice to which we have been alluding. M. *Bouvier*, after detailing several experiments on the dead body with the view of ascertaining the truth of M. *Guerin's* theory of spinal deformities, very pertinently remarks:

"These facts speak for themselves. Since the resistance of the spine remains the same after the division of its muscles, and since, on the contrary, this resistance becomes small, when the ligaments are divided, although the muscles are intact, it is evident that these latter cannot be taken into account; and we scarcely require any other arguments to prove the dissimilitude between curvature of the spine and genuine muscular deformities—in which the resistance ceases, at least in a great measure, after the muscles have been divided, whereas the section of the ligaments produces little effect, if the muscles remain intact. The fundamental character of spinal deviations is unquestionably attributable to a lesion of the osteo-ligamentous apparatus of the vertebræ, and not to a mere spasmodic contraction of the dorsal muscles.

But, independently of the proofs furnished by post-mortem examinations, it is an easy matter to satisfy ourselves that during life there is not any tension or resistance of the muscles on the concave side of a deformed spine. We have only to be on our guard not to let ourselves be imposed upon by the contraction of these muscles to make us believe that there is any permanent shortening of their tissue. When the person is standing up, the contracted muscles of the back counterbalance the weight of the trunk, and they may therefore exhibit at that time a degree of tension proportionate to their physiological shortening. Now this tension is most decided on the convex side of the curved spine, in consequence of the body leaning over to the opposite side. One would need to be strangely pre-occupied with a favorite idea to attribute this condition of the muscles on the convex side to their abnormal retraction. If we try to bend the trunk in the opposite direction, then the muscles of the concave side appear to be stretched, because they then make an effort to maintain the equilibrium of the body."

M. *Bouvier* closes his memoir with the following two conclusions:

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* It has been remarked as a curious circumstance that three of the most distinguished men of the present century were club footed—*Byron*, *Scott* and *Talleyrand*.

1. The section of the muscles of the back is absolutely without an object, and cannot produce any useful result in deformities depending upon a lateral deviation of the spine.

2. The treatment of such deformities must be based on remedying the shortened condition of the concave side of the spinal column, its muscles always retaining sufficient length not to present any resistance to the *redressement.*

Here might terminate the examination of this question for any one who will think for himself and study the facts which we have mentioned without any prepossessions or after-thoughts.

But M. *Guerin* and his disciples, ill at ease in the circle of positive pathological facts, have appealed to the results of their experience and the success attending their practice—a species of argument which is certainly very convenient, since it dispenses with every other. But even on this ground we are satisfied that they are completely at fault, that their vaunted successes have nothing real in them, and that experience will agree with theory in condemning the division of the muscles of the back in the treatment of spinal deformities.

Medico Chirurgical Review.

Muriate of Ammonia in Hemicrania. Dr. Watson, in his clinical lectures, thus speaks of the Muriate of Ammonia in Hemicrania:

It is well worth knowing that muriate of ammonia is most serviceable in this form of hemicrania. Of the remedial properties of sal ammonia very little is known, at least very little was so until lately; its efficacy and the mode of administering it were first made known to me by an old apothecary of this city, who had, in innumerable cases, found it a sovereign cure. It should be administered in doses of half a drachm, or a scruple, and you will find that where persons complain of pain in the jaw and the whole side of the head, the pain freely yields to this dose of muriate of ammonia. I may add that in Germany this medicine is used in many cases where we use mercury, and for the same purposes, as in hepatic affections, and that it produces the results without any of the inconveniences attending the use of mercury.

Prov. Med. Journ.

On the Treatment of Hemorrhagic Diathesis. By James Miller, Esq. Edinburgh.—In almost all cases the blood which escapes from the incised or lacerated surface is preternaturally fluid. A deficiency of fibrin certainly exists, and this deficiency continues to augment in proportion as the bleeding continues. The number of the blood-corpuscles seems also to diminish. The coagulable power of that fluid is seriously impaired, and if a clot at all forms at the orifices of the torn or incised capillaries, it is loose, spongy, and easily detached; while a fresh clot is formed with more and more difficulty, if at all. Increased density of coagulum (which is what we want) is well known to depend on increase of the proportion of fibrin in the coagulating blood, as occurs in the inflammatory diathesis. But the proportion of fibrin is not to be here estimated in regard to the general mass of the blood merely, but

rather in regard to the blood-globules; it being only when excessive in proportion to these, that the tendency to, and power of coagulation becomes most marked. Mere loss of blood produces a deficiency both of fibrin and globules, but not in an equal ratio. At first the latter are chiefly removed, and, consequently, at an early period of the case, loss of blood favors natural hæmoptysis, by increasing the proportion of fibrin to globules, and thereby augmenting the tendency to, and power of coagulation.

But the blood is not alone to blame. The capillaries and arterial tubes are deficient in contractility. In treating the disease, therefore, we must (as in the scrofulous diathesis, to which the hemorrhage bears a considerable resemblance,) prescribe a diet nutritious without being stimulating. Although the rapidity of many cases of hemorrhage preclude the possibility of any material benefit being derived from diatetic means, yet, seeing these are rationally indicated, it behoves us to avail ourselves of them.

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The other means recommended by the author are acetate of lead and opium, given in heroic doses, and, if these disagree with the patient, sulphate of alum and potass, in doses of 15 or 20 grs.—nauseating remedies—and the sulphate of soda, which last he considers useful, by procuring serous discharges from the bowels, and thereby disposing the blood to "solid coagulation."

In regard to the relaxed condition of the capillaries, the author is of opinion that the acetate of lead will help to remove that state, while opium will calm the heart's action and the general circulation.

He is quite opposed to the actual cautery; and, as respects local treatment, would mainly rely on *pressure*, the bleeding part being first lightly touched with nitrate of silver. And, as "last, not least," in his list of remedies, he recommends *transfusion*, on the plain ground of the possibility of replacing, by this means, blood "lamentably deficient in both globules and fibrin," with blood sufficiently abounding in both.

Lon. & Edin. Jour. of Med. Science.

A Population getting shorter.—In the department of Finisterre (Brittany,) the use of ardent spirits seems to increase, and to be attended with some peculiar effects on the population. In the two arrondissements of Quimper and Quimperlé, the spirituous liquors imported increased from 1,869 hectolitres in 1825, to 3,985 in 1839; and, corresponding with this increase, the average stature of young persons subject to military service is said to have diminished until it had become 23 millimetres (about an inch) less in 1838 than in 1818. A much greater number of individuals was also found unfit for service in the former than in the latter-named year. Gin and chamomile have long been in repute in England for stunting the growth of little dogs.

London Lancet.

Interesting Case of Syphilis. By George Lowdell, Esq., Lewes.—Mrs. B., a married woman and a mother, had an unhealthy-looking ulcer on the nipple, which, at one time, was indolent, at another extended itself, and threatened to "excise" the nipple. An eruption sub-

sequently appeared on the other breast, and on the scapula, along with a large ulcer on each tonsil. The eruption consisted of many roundish spots, of the size of sixpences, of a dusky copper color, constituting, as plainly as possible, that form of lepra described by Bateman as arising from venereal poison.

Some weeks before, a young woman had given birth to an illegiti mate child, in the house of a mutual friend, Mrs. A. The woman either would not or could not suckle her infant, and Mrs. B. having at the time a child of her own at the breast, volunteered to give milk to the woman's infant, if brought to her house at particular hours. The child, a miserable creature, soon died; and it was after this that Mrs. B., as above described, presented signs of venereal infection. But Mrs. A., who, though married, had never borne children, and could, consequently, never have suckled the servant-woman's child, presented an ulcer of the nipple also, along with an eruption, differing, however, from that of Mrs. B., (which was decidedly leprous,) in being papular and covering the whole body.

On inquiry, it appeared that the infant of the woman had been covered with sores about the genitals and at every point. Yet the mother seems to have been healthy. It appeared also that the child, when sleeping with Mrs. A., had been used to apply its lips to her nipple.

Subsequently to the affection of Mrs. B., her own infant had a leprous eruption on the posterior parts, exactly similar to that of the mother. The author concludes: 1. That a diseased infant may be borne by a mother *apparently* healthy: which must be admitted to be extremely possible. 2. That such an infant may, by sucking, communicate the disease to sound persons. 3. That the disease so communicated, may be followed by secondary symptoms. 4. That the disease may be different in such persons. That the disease imbibed may be communicated by suckling.—*London Med. Gazette*, June, 1842.

Luxation of Cervical Vertebræ. Prof. Horner presented to the Class an example of recent occurrence of this rare and commonly fatal accident. A boy, Thomas Brierly, aged ten years, in clambering about an unfinished house, towards the latter part of November, missed his footing on the second floor and fell through the stairway to the cellar, head foremost, a distance of twenty feet. He was stunned by the fall, and was found, as stated by the friends, with his head bent under his body. He was conveyed senseless and motionless to his home. He gradually regained his perceptions but in an incoherent and perplexed manner: his head was much bruised by the fall, his neck was stiff and distorted, forming a large serpentine bulge on the left side, and a deep concavity to the right; his face was inclined downwards to the right side. Circumduction of the head was arrested and the neck motionless. The practitioner, Dr. Henry, who attended him in this stage of the injury, applied leeches to the part, emollients and frictions in succession.

In two days after the accident his common and accurate perceptions returned, but he was affected for some time with tingling and numbness in the left upper extremity.

At the period of his exhibition to the Class the deformity of the neck is still obvious, but much reduced; the rotatory motions of the neck can now be executed to some extent, but are much more to the right than to the left side. On tracing the line of the transverse processes of the vertebræ, the upper ones starting from the fourth are about half an inch forward of the lower, indicating clearly the advance of the vertebræ on that side, and consequently proving that the left lower oblique process of the fourth vertebræ had been luxated in advance of the upper oblique of the fifth, and was there fixed.

We may presume from this state of the accident, that the intervertebral substance there had been partially or wholly ruptured, and that the two vertebræ were held together by the other ligamentous attachments and by the muscles. An attempt at the replacing of such a luxation is viewed with great apprehensions by surgeons. Dessault, in a case analogous, absolutely declined making the effort, for fear of its fatal issue; and it is related by M. Petit Radel, (Note Boyer Malad. Chir. vol. 4, p. 118,) that a young patient at La Charité expired in the hands of the surgeons, upon such an attempt a few days after the accident. This result is very intelligible when we reflect that to disengage an oblique process thus placed, it is necessary to begin by increasing the inflection forwards, or, in other words, by augmenting the displacement, which must in all probability tear up more of the natural fastenings of the bones, and thus subject the spinal marrow to compression or even laceration. Under these circumstances Brierly was dismissed with some general directions for his treatment, and the expectation that his youth would insure a still further erection of that part of the spine. At the period of his exhibition, say about six weeks after the accident, his general health was good, he enjoyed the use of all his faculties, and was going to school.—*Phil. Med. Exam.*

Deafness cured by the Endermic Use of Morphia.—As there is no set of complaints which medical men are so puzzled to know how to relieve as those connected with hearing, we are always ready to receive a hint that may prove useful in some cases, provided it comes from a respectable man who is not an advertising aurist. The name alone of Dr. Hoebeke, the narrator of the following case, is a sufficient guarantee for its truthfulness.

A lady had become so deaf after an attack of fever, that she could not distinguish a word, unless it was bawled into her ear by applying the mouth close to it. But along with the deafness there was always an incessant noise in the ears—at one time like the hissing of boiling water, at other times like the roaring of a hundred voices together—which was often so distressing as to cause headache and confusion of ideas. These feelings were always worse when the head was on the pillow. There was a quantity of wax in the ears; but no relief was obtained when it was removed. Nothing irregular could be perceived either in the ears themselves or in the throat. Leeches were applied behind the ears, and emetics and purgatives given; but no relief followed. Supposing that the symptoms might be dependent upon some anomalous state of the nervous apparatus, a blister was applied behind each ear,

and the excoriated surface was sprinkled with half a grain of sulphate of morphia. By the next day the noise and deafness on the left side had quite ceased, and on the right had much abated. The headache, too, had disappeared.

As the unpleasant feelings still continued on the right side, a second blister was applied and treated in the same manner as before with morphia. The success was decided, and the patient was quite freed of all her annoyances.—*Archives de Med. Belge.*

Remarks.—The medical man often meets with cases very similar to the preceding, and, in not a few, every thing they try is unhappily without avail. How far the remedy proposed by M. Boeke will answer in many of these, we must leave to the experience of our readers to decide.

We may state that we have occasionally in such cases used with advantage a belladonna plaster, applied either to the temple, or behind the ear of the affected side. Many of the complaints of hearing seem to be exceedingly influenced not only by the state of the general health, and especially by that of the stomach, but also by the quietude or irritability of the temper, as well as by the varying conditions of the atmosphere. No wonder, then, that we are so often foiled in relieving them.—*Med. Chir. Review.*

Chloride of Barium in Scrofulous Affections. By M. Payen, of Aix. M. Payen, of Aix, has just published the result of many cases of different scrofulous diseases, treated with chloride of barium. In some instances he confesses that he failed from not knowing the true principle on which it should be given. When given with the proper indications, it is 'a powerful and even heroic' remedy for scrofula. Unlike most other anti-scrofulous medicines which are tonic or excitant, chloride of barium is a counter-stimulant or anti-irritant: hence the greatest advantage results from its use in scrofulous affections, attended by an irritable or febrile state of the system, whilst it is contra-indicated in lymphatic and indolent constitutions, or when the system has been weakened by deprivations. Though necessary to be used with caution, it may be given in larger doses than are generally mentioned; for instance, beginning with two grains. Care should be taken that it is not given in any vehicle decomposing the salt.—*Jour. de Connaissance Medico Chirurgicales.*

Solution of Urinary Concretions by means of Carbonated Alkaline Waters. Many interesting papers have been communicated to the French Academy during the last and present year, on the solvent powers of carbonated alkaline water, and particularly that of Vichy. MM. Prunelle, Longchamps, D'Arcet, and Petit, have related numerous instances of the efficacy of this alkaline water in producing solution of various kinds of urinary calculi, but have been opposed by MM. Pelouse, Leroy d'Etioles, and others, on the theoretical ground, that the use of alkaline waters would produce a precipitation of the earthy salts naturally contained in the urine, and thus give rise to the formation of earthy calculi. M. Ch. Petit, in a recent paper, has satisfactorily

proved the groundlessness of this objection, and shown, that during the time the individual is using this water, no earthy salts are secreted, but that the character of the urine is totally changed, so that no earthy salts could be precipitated in the bladder, and give rise to an increase of the existing calculus. He also satisfactorily proves, that, even though earthy matters were precipitated by the alkaline waters in the bladder, they would be passed off along with the urine, as the mucus of the bladder is itself dissolved by the alkaline waters, so that no substance is left in the bladder to bind together the earthy particles.

Edinburgh Med. & Surg. Jour.

Nursery Treatment of Infants, submitted to Prince Albert, by Joshua Waddington, M. R. C. S.—No other kind of milk to be given to an infant in addition to the milk of the mother or wet-nurse.

The less rocking the better.

When asleep, to be laid upon its right side.

The best food is "Lemann's biscuit-powder," soaked for twelve hours in cold spring-water, then *boiled* for half an hour, not simmered, or it will turn sour. Very little sugar to be added to the food, and then only at the time when given.

Sweets, of every kind, are most injurious, producing acidity, flatulency, and indigestion, sores in the mouth, and disordered secretions.

An infant will take medicine the more readily if made lukewarm in a cup placed in hot-water, adding a very little sugar when given.

The warm-bath (at ninety-four degrees of heat, not less, for ten minutes, every other night,) is a valuable remedy in many cases of habitual sickness or constipation.

"Soothing-syrup," sedatives, and anodynes, of every kind, are most prejudicial. They stop the secretions. A very small dose of laudanum given to an infant may produce coma and death.

When an infant is weaned, which is generally advisable at the age of nine months, it is of the utmost importance that it be fed with the milk of one cow, and one only (a milch-cow,) mixed with "Lemann's biscuit-powder" (prepared as before directed) and very little sugar.

Boiled bread-budding forms a light and nutritious dinner, made with stale bread, hot milk, an egg, and very little sugar.

When an infant is twelve months of age, bread and milk should be given every night and morning: stale bread toasted, soaked in a little hot-water, and then the milk (of one cow) added cold.

Solid meat is not generally required until an infant is fifteen months of age, and then to be given sparingly, and cut very fine. Roasted mutton, or broiled mutton-chop (without fat,) is the best meat; next to that, tender lean beef or lamb; then fowl, which is better than chicken; no pork or veal; no pastry; no cheese; the less butter the better.

An infant should not be put upon its feet soon, especially while teething, or indisposed.

Avoid over-feeding at all times, more particularly during teething. It is very likely to produce indigestion and disordered secretions, the usually primary causes of convulsions, various eruptive complaints, and inflammatory affections of the head, throat, and chest.—*London Lancet.*

Neurology in Albany.—From the Daily Evening Albany Journal, of Jan. 28, which came to hand through the politeness of a correspondent, the accompanying editorial article is taken. Without comment or curtailment, it is here introduced to show the success of the new science, in one instance at least, in the capital of the empire State.

"This new philosophy, which has shot as far ahead of science as 'Millerism' is in advance of religion, received an ugly back-handed blow, last evening, in the presence of its great teacher, Dr. Buchanan himself! The rumor runs, that a Vermont youth, who is attending lectures in our medical college, desirous of acquiring that wisdom which triumphs over 'all the ills that flesh is heir to,' devoted himself for several weeks to the wonder-working effects of Animal Magnetism, the professors of which found him a most 'impressible' subject. The experiments tried upon this subject, by all the masters of the mystery, were pronounced perfect. They all pointed to *him* to establish the *truth* of their science. After trying some very shallow experiments in 'Neurology' upon this 'subject,' last evening, he was called upon to state what his *real* experience had been, and in reply, boldly pronounced the whole scheme a humbug! He said that for the last three months the 'Magnetizers' had been practising upon him; that finding him 'susceptible,' they had put him through all their experiments; and that they had pronounced him a *genuine* subject. He added, that in all this time, and through all their operations, he had not only never been asleep, but that he had never experienced the slightest magnetic effect from their manipulations and mummeries! The audience, which was numerous and highly intelligent, expressed their sense of obligation to this gentleman for having thus successfully exposed a miserable and pernicious scheme of charlatanism, by a hearty and emphatic vote of thanks."—*Boston Med. & Surg. Jour.*

Antidotes for Arsenic.—M. Rognetta, in an answer to M. Orfila, addressed to the French Academy of Medicine, asserts, that the most efficacious remedies against the poisonous effects of arsenic are wine, brandy, warm drinks, opium, the application of heat, &c.; agents, as he says, which have a therapeutic action directly opposed to that of the poison, restoring instead of diminishing the powers of life. M. Rognetta's experiments, leading him to this opinion, were performed on a considerable number of horses; and he denies that the diuretic remedies, such as the nitrate of potass, carbonic acid gas, &c., recommended by Orfila, have any sanatory effect, or, indeed, that they will have the slightest action on the kidneys, in animals to which a large dose of arsenic has been administered.—*London Lancet.*

Chances of Cure for Hare-lip.—M. Roux has now operated for this deformity above 100 times. In cases of "division simple," that is, we presume, when the division extends no further than the lip, success has attended the operation about twice in three times; but in complicated divisions, or when the fissure has extended to the palate, &c., only one-third of the operations have been thoroughly successful. In this, then, we may consider that we are possessed of tolerably fair data for calculating the chances of success or failure of the operation.—*L'Experience.*

MISCELLANEOUS GLEANINGS.

It has been decided in England that a public lecturer sells the copy-right of his lectures by the public or private sale of his tickets of admission. —— In Philadelphia, there are about 160 students at the University Medical School; 220 in Jefferson Medical College, and 104 in the Medical Department of the Pennsylvania College. In New York, the University has not far from 230, and the College of Physicians and Surgeons 120; the Geneva School 170. At the Louisville Medical School, the *Editor* was informed by several of the Professors, there were 185; and by the Dean, 125 in the Medical College of Ohio. —— In McPherson's work on China, we understood, the opinion is advanced that smoking opium is not such a terrible vice as all but the Celestials suppose. In the course of the last century, 49 persons in that country reached from 130 to 180 years of age; seven lived to be 134; four to be 138; two to be 146; four to be 159; one to be 168; one to be 169, and one to be 175. —— The Barre Gazette states that in the town of Dana, (Mass.,) which contains 690 inhabitants, there has not been, for the last four years, deaths to the amount of one per cent. a year. There were living there, at the commencement of the present year, one person 77 years old, one 78, one 80, two 81, four 82, two 83, (two brothers,) two 85, one 87, one 89, one 92, one 95, and one 96; in all, seventeen persons over 77 years of age, averaging a little over 84 years. —— The New York Sun says—"In this city there is a physician who has had four wives. The first bore him 12 children at five births—the second 15 at five births—the third 11 at four births —the fourth, a mere girl, to whom he has been married but three years, has already had 5, and from present appearances will soon increase the number; making in all, 38 children at 17 births. But 12 of them, however, are alive." —— The Report of the American Temperance Union for 1842, mentions the number of temperate drinkers who have taken the pledge, at two millions—of hard drinkers, half a million—whilst the number of reformed drunkards cannot be less than 150,000. —— Dr. Twitchell, of Kerne, Massachusetts, reports in a late number of the N. England Journal, three successful cases of tracheotomy, performed for the removal of foreign substances in the wind-pipe. —— It is stated in an English paper that the Medical Officers of this Institution, (Queen's Hospital, Birmingham,) have liberally paid over the sum of £503 (about 2,500 dollars) fees from students towards the support of the Hospital. What other profession is so liberal in its charities as the Medical? —— We regret to learn, says the Saratoga Sentinel, that the town of Day, in this county, is afflicted with a terrible epidemic (the black tongue,) which had, at the last accounts, deceased

some 20 or 30 of the inhabitants, and was still raging with fearful fatality. —— From the Vermont Watchman, we learn that the erysypelas is prevailing at Charleston, Newark and Burke, at the north of Montpelier. In some districts, says the paper referred to, the number of well is scarcely sufficient to take care of the sick and bury the dead. Deaths have also occurred in Barnet, the easterly part of Danville, and occasionally in other towns in that region. Medical attentions seem to have but little influence in modifying the severity of the disease. Mild forms of the malady, in the beginning, are not generally fatal. Last year the same fatal and desolating disease was extensively prevalent in some parts of N. Hampshire. —— The doctors who kill their patients by inches, under pretence of saving their lives, remind us of the Spaniard, who, when strangling Don Carlos by order of his father, "Calm yourself, Don Carlos, this is all for your good." —— *Fearful Odds.*—Corvisart was lamenting, one day, in company, the premature death of Dr. Backer, and remarked, "It was not, at all events, for want of medical aid that he died, for in the last days of his illness, Halle, Portal and myself, did not quit him for an instant." "Alas!" interrupted the Abbe Sieyes, "what could he do *against three of you?*" —— 'A mechanician of a little town in Bohemia,' says the 'Constitutionel,' 'has constructed an automaton which imitates perfectly the human voice, particularly the soprano notes. It sings several difficult airs with the greatest accuracy. Shakes, runs, and chromatic scales, are all executed with surprising precision. This automaton, in singing, even pronounces certain words, so as to be easily understood. The inventor hopes to arrive at such a point of perfection as to bring his machine to pronounce all the words of the best operas. He intends shortly making a journey to Prague and Vienna, to give concerts, and from thence to Paris and other cities of Europe.' —— In the department of Seine, in France, 668 persons died of cancer of the breast in 1830, and 889 in 1840. In Paris alone, the number of deaths in 1830, from the same disease, was 505, and in 1840 not less than 779. —— A potato diet is found greatly to improve the quality of blood. Hence roasted or baked potatoes are successfully employed as a specific against sea scurvy, when other remedies have failed. This discovery was made in France. It is singular that boiled potatoes do not have the same effect. —— Walpole says that acute and sensible people are often the most easily deceived by quacks. —— Mr. Costello has recently performed the operation of Lithotomy on Espartero, the regent of Spain. The results, we are assured, were most happy. —— Drs. Bouillaud, Terme, Dezimeris, Richond de Brus and Delaveau, have been elected members of the Chamber of Deputies of France. —— *Northampton Lunatic Asylum.*—A most interesting spectacle will be afforded to the inhabitants of Northampton on Tuesday next. A dinner and ball will be given at the Asylum to the male and female convalescent patients; and by the regulations of the resident physician, visiters can only be permitted to dance with a patient. *English paper.* —— A select committee of the Legislature of New York has reported in favor of appropriating $3,000 for

the purchase of a number of the celebrated engravings of the Pathology (Pathological Anatomy) of drunkenness, to be posted up in the sailing vessels of all kinds, whether in sea, lake, or river, in order to counteract the temptation of intemperance. —— A London Surgeon has been applied to, to receive a young Chinese into his house to teach him the art and mystery of surgery. —— *Consumption in New York.*—The Courier contains some extracts from the forthcoming annual report of the City Inspector, from which it appears that the number of deaths from diseases of the lungs in 1842 was 2,242. From consumption, 1,839, of whom 719 only were natives of the United States. The foreigners who congregate there, crowded together in small apartments, in cellars, narrow courts, or streets, and living on poor food, stinted in quantity, are peculiarly exposed to the inroads of disease, and particularly *consumption.* —— At Udina, in Friule, a poor man, lying under the frightful tortures of hydrophobia, was cured with some draughts of vinegar, given him by mistake instead of another potion. A physician in Padua got intelligence of this result at Udina, and tried the same remedy upon a patient at the hospital, administering to him a pound of vinegar in the morning, another at noon, and a third at sun-set, and the man was speedily and perfectly cured. —— Dr. Scudder, the well known oculist, whose artificial eyes have been such admirable counterfeits of nature, died in the Albany almshouse a few days since. Education, wit, and fine advantages, were all sacrificed on the altar of intemperance. He was the son of the founder of the American Museum, New York. —— A child died in New York, in consequence of having an application made to her head of arsenic and whiskey, which had been recommended as an excellent remedy for an eruption which she had. Red precipitate ointment was then liberally applied; the two produced violent retchings and vomiting which ended in death. —— A little girl, five years old, is being exhibited at the New York Museum, who has arrived at the perfect state of womanhood. Her mammae are as perfectly developed as those of a woman of twenty. Although strumous, it is said she enjoys vigorous health. —— It is asserted that the Chinese were acquainted with the circulation of the blood at least 2,000 years ago, and that they first introduced the practice of inoculation. —— "At a meeting of the Chelsea Temperance Society of New York, on Thursday evening, the President stated that out of 1,800 members, gathered in since the formation of the Society, two years ago, not one had died until that day; a remarkable circumstance, considering that many of them were poor decrepit drunkards, and conclusively showing that it does not kill inebriates to abstain from the use of intoxicating drinks." This is so true, that no one but an incurable fool or an irreclaimable drunkard would doubt it.—Editor.

To Correspondents. The "*Remarks on Miasm,*" of Dr. Blue, have been received, and shall appear in the next number. We regret, to say, that his obstetrical cases have never reached us.

THE

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EDITED BY JAMES CONQUEST CROSS, M. D.

Professor of the Institutes of Medicine and Medical Jurisprudence in Transylvania University.

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ARTICLE I.—*Valedictory Address to the Graduating Class.* By ELISHA BARTLETT, M. D., Professor, etc.

GENTLEMEN GRADUATES:

You have just now reached and passed by a period in your lives, to which you have long been looking with mingled emotions of anxiety and of hope. The anxiety has been dissipated, and hope has been lost in certainty and fruition. You have come out from its trials with credit and success; our University has put into your hands the credentials of your fitness for the performance of your professional duties, and it now only remains for us, that in accordance with usage, and with propriety, and at the request of my associates, I should address to you, on their behalf, and on my own, a few parting words of encouragement and admonition.

I can only say to you what, upon similar occasions, has often been said before, and in terms better than I shall be able to command. I am as little inclined to detain you with a long and formal disquisition, as you can be to listen to it, and whatever excellencies my valedictory may be wanting in, it shall at least possess that of brevity, which has been called the soul of wit. In language, then, of simplicity, of directness, of familiarity, let me

embody, for your consideration and remembrance, a few such thoughts as most naturally and obviously suggest themselves to us, at a time and under circumstances like the present.

You will engage in the practice of your profession, actuated and impelled by different motives; guided and governed by complex and manifold influences. Upon the combination and the relative predominance of these motives and these influences, will the *success*, the *respectability*, the *usefulness*, and the *happiness* of your lives depend. Let us enquire, then, to what principles we must give in our allegiance; what motives we must adopt, as the counsellors of our bosoms; what influences we must follow, in order that this *success*, this *respectability*, this *usefulness* and this *happiness*, in their largest extent, and their highest perfection, may be attained.

In the first place, you will practice the art which you have chosen, as a means of obtaining a present livelihood, and for the accumulation of property. This motive is very extensive, and very powerful in its action. It is not among the highest and noblest, but it is, nevertheless, a proper, a legitimate, a laudable one. I have but little to say about it, and nothing to say against it. The laborer is worthy of his hire. Wealth is a great good; it may open to us many fountains of knowledge, otherwise inaccessible; it enlarges our freedom; it helps to establish and to confirm our independence;—above all, it extends and multiplies our means of doing good; it enables us to clothe the naked, to feed the hungry, to shelter the unprotected; and to the poor, the neglected, the forsaken and the suffering, to become the almoners of the bounties of Heaven. There is no need of my urging this motive upon your attention. There is very little to fear lest it should not operate with sufficient activity. The danger is in the other direction; and I know but few disasters to the *soul*, to the *character*, to the *happiness* of a physician, more to be dreaded, than the realization of this danger. It turns all the greenness of life to ashes; it fills with bitterness all the sweet fountains of the affections, and it renders the heart harder than the nether mill-stone. That physician, who has chosen this divine art from merely mercenary and miserly motives, has sadly mistaken the nature of his calling, and made a miserable selection among the occupations of life.

In the second place, among the impelling powers of the mind,

in our own, as in other prominent walks of life, is *ambition*. Of this, as of the desire for property, I have but little to say, and I have nothing to say against it. Like the love of wealth, it is not among the highest motives, but like that, also, when purified and ennobled by a subjection to other and loftier powers, it becomes a legitimate, a laudable and a very potent motive. It is a spur to industry, to effort, to enterprise. It is an innate and a natural sentiment, implanted in the soul, by the Great Giver of all our faculties, for wise and beneficent purposes. The honorable regard, the esteem, the admiration of our fellow men are always dear to us. It is an inspiring and an elevating thought, that our names are to be known and to be cherished, as household words, long after we ourselves have gone down to the dust—that our memories are to live after us. How must the soul of Milton have been lifted up; how must that physical night of rayless darkness, in which he was plunged, have been lost in celestial brightness—when, in the contemplation of that immortal labor, which has linked his name with the destiny of the English tongue, the great consciousness beamed upon him, that, in his own simple but sublime language, he should leave behind him a work which the world would not willingly let die!

In regard to this feeling, I have only two remarks to make. First: Guard against its perversion and its abuse. See that it does not degenerate into low, personal and unworthy rivalries. See that it does not impel you to elevate yourselves—to advance your own fortunes—at the expense of justice and right, and in derogation of the fair claims of others. Better that the sound of our names should never reach beyond the circuit of our daily duties, than that a single stain should rest upon the spotless honor which they ought ever to bear.

Secondly: Be assured of this; that in order to *obtain* any distinction, any reward, any honor, that is worth the striving for and the winning, you must *deserve it*. In order to have the world, or any portion of it, for any considerable period of time, esteem you as great, or good, or noble, you *must be so*. It has been said, by one of the most beautiful writers of our own country, and of our own age, that there is no *luck in literature;* that every book that has ever been written, or that ever will be written, must inevitably, in the long run, find its true level, and go for just what it is

worth. The world will finally stamp upon it its actual value. No counterfeit, here, can escape ultimate detection. Gilt edges, satin paper, fine typography, embossed binding of gold and morocco, paid praises, shall all be unavailing, if there be no worth and no virtue in the book itself. It is just so in character. There is no more luck here than there is in literature. Let us not deceive ourselves! The world will find us out! We may, by shifts, and expedients, and professions, and plausibilities, impose, for a little time, perhaps, upon the shallow, the unthinking, the insincere, but the transient and feeble delusion will be dissipated; our false colors will be torn down, and our borrowed feathers will be plucked out. I could point you, even in the annals of our own science, to many a colossal notoriety, whose rotten materials have fallen to pieces, and crumbled away, while their fond and foolish architects were still gazing upon the false idols which their hands had set up. There is no luck in character; there is no contingency in true reputation. Time will never suffer us to wear laurels that we have not fairly won. Sooner or later, by an inevitable necessity, will they wither away or be stripped off; showing, at last, to a just but deriding world, the baldness and deformity which they had covered up.

The third influence, which will more or less mingle itself with the practice of your profession, is that growing out of the interest which you will feel in it, as a matter of scientific and philosophical study. This interest is now strongly felt by you. It has been kindled and kept alive in your bosoms by daily and familiar communion with the great founders and improvers of our science, with the illustrious masters of our art. The names and the labors of the mighty dead, and of their worthy followers among the living, have long been the constant subjects of your meditation and study; and it cannot be, but that you have caught something of the spirit which animated and made them what they were. Let me urge you to keep alive, to cultivate, to cherish, to strengthen this interest. I hardly know of any one feeling more essential to your success. There is no one feeling, the presence or the absence of which will exert so powerful an influence upon your professional career. With it, your lives will be lives of constant, ever-renewed and delightful interest; without it, they will be lives of dullness, of drudgery, of routine, so far, at least, as your profes-

sion is concerned. This interest, to the scientific and the philosophical physician, is perpetual and inexhaustible. It can never wear out; it can never be diminished. This is more strictly and remarkably true of our own science, than of many others. Indeed, in most of the others, in the exact and natural sciences, for instance, a given problem once solved is solved forever. When Sir Isaac Newton demonstrated the law, according to which a falling body reaches the earth, he established the principle which guides the planets in their revolutions, and which keeps them in their places; not only for that particular period, but for all past and for all coming time. When Priestley first ascertained the composition of a single drop of water, he analyzed, so far as science is concerned, the waters of the ocean. All this, in medicine, is quite otherwise. However advanced it may be; however perfect it may become; however much our means of investigation may be multiplied and extended; however complete and accurate our knowledge may hereafter be rendered, of the laws of the animal economy, in their healthy and in their diseased conditions, and in all their manifold relations, still the scientific interest which attaches itself to our profession, will in no wise be diminished. On the contrary, all these circumstances will only serve to strengthen and to increase it. Every new case of disease will always present to the physician a new subject of investigation, a new problem for solution. It will be made up of elements, combined in new and before unobserved proportions, acting upon each other under peculiar and novel conditions, and susceptible of being ascertained and appreciated, only by a thorough investigation, and a careful analysis, applied to that individual case. The study, ever so profound, accurate and complete, of a pathological condition, falling under your observation to-day, in no degree exempts you from the necessity of a like study of an analogous condition, which may come under your notice to-morrow; and the interest which you rightly felt in the first, in no way lessens that which you will feel in the second.

The last motive of which I shall speak, and under whose promptings, to a greater or less extent, you will perform your professional labors, *is the sense of duty.* This is the loftiest and noblest principle of human conduct, and when enlightened and pure, it is the safest. In the hierarchy of the spiritual powers, to

this, from the beginning of the world, has been ordained the supremacy. I do not stand here as a sermonizer. Such is not my vocation. I meddle in no way with your religious belief. I have nothing, whatever, to do with your articles of faith, or your religious creeds. These rest between yourselves and your Maker. To his own master, every man standeth or falleth. But this great truth, of the supremacy of the religious and moral nature, God has written as legibly in the very constitution of humanity, as he has in his own inspired and authenticated volume. True Science and Revelation mingle their accordant voices in the proclamation of this transcendant verity. They alike declare, that human character attains its fullest development, and reaches its highest perfection, on one, sole, inevitable condition,—and that is, the ascendancy of these powers. Unsullied integrity; truth; purity; honor that can take no stain; self-sacrifice; doing unto others as we would that they should do unto us; justice; charity; philanthropy; love,—have not these ever constituted, do they not still constitute, the strength, the grace, the glory, the ornament of humanity? And in the practice of our own art, they are as essential to the largest success and the highest happiness, as in any of the walks of life. I rejoice that we belong to a profession, so crowded as is our own, with high examples of this beautiful union of science and of virtue. The annals of our art are all radiant with their starry names. Go where you will,—through all the wide regions of civilization and of science; and in every nook and corner, in every quiet village, in every remote and rural district, will you find the fragrant memory of some such example, or some living illustration of its beauty. In the village church of Dundalk, and near to its sacred altar, there is a marble monument, on which is written the name of George Gillichan,—a man, as I have learned since these words were written, who was a class mate in Europe, and an esteemed personal friend of one of my present colleagues. In the beginning of that dreadful epidemic, with which Ireland was over run, twenty-five years ago, he was among the earliest to see and to comprehend the danger of the coming storm. He aroused his friends and neighbors to a sense of the peril which was approaching them; he urged them to make ready for its visitation, he aided them in the establishment of an efficient medical police, and in the institution of a public hospital. And when, amidst gloom, and

misgiving and terror, it came upon them, where was the young physician? Day and night, at the bedside of the sick and the poor. He refused entirely the calls of the rich. He withdrew himself, wholly, from the service of those who were able to pay, and who could, therefore, easily command all the care and attention which they required, in order to devote himself, exclusively, to the destitute, the forsaken, the neglected, to those who were ready to perish because there were none to help. Gillichan was young;—thirty years had not yet passed over his head;—he was learned and accomplished;—life, with its golden honors yet unreached,—with its choicest pleasures yet untasted, spread far and bright before him;—he hoped to escape the fever, although he had a strong and sad presentiment, that he should not survive it if it seized him;—he knew, that in the close and confined dwellings of the poor, the contagious causes of the disease were concentrated and malignant;—but, urged on by his sense of duty, and his love for his fellow men;—hour after hour,—day after day,—night after night;—in the crowded hospital,—in the unfurnished hut, by the wayside;—in the dark, damp, cheerless hovel, with its beds of straw;—wherever the mingled call of disease and of poverty summoned him;—wherever there was suffering to be relieved,—wherever there was hunger to be appeased,—wherever there was wretchedness to be comforted:—*there*, with the succors of his divine art, with the charities of his liberal hand, with the solace of his friendly voice, like a ministering angel, was the young physician! At last, worn down by fatigue, and poisoned by the thick contagion in the midst of which he had lived, he fell a victim to the pestilence;—and amidst the sounds of a universal grief, and borne on the wings of a general prayer, his spirit went back to the bosom of his God. The gratitude of survivors may rarely have erected visible monuments to their Gillichans; but there are few neighborhoods, which have not been blessed by them. Ever consecrated be thy memory,—young martyr to humanity, to duty, to love! I would sooner make a pilgrimage to thy humble tomb:—I would rather hang a new garland on the urn which contains thy ashes, than to visit the mausoleums of all the Pharaohs, and the Cæsars, and the Napoleons, that the world has ever seen.

Under the influence of these several motives, each acting in its appropriate sphere, and with the power which rightly belongs to

it, you will find the practice of medicine a profession every way worthy your highest and your best faculties. Guided by the principles, of which I have so briefly and so imperfectly spoken, you will find our art to be truly divine. I do not know any occupation, furnishing to our whole moral and intellectual nature,—to the head, and to the heart,—a more comprehensive, or a more excellent discipline.

It provides you with a certain livelihood;—with an almost certain independence, fairly, honestly, worthily, nobly obtained. The gold that it puts into your hands has no alloy in its composition, and no stain on its brilliancy. It is not the price either of oppression or of fraud. It shall doubly enrich and bless you, for it has been earned by enriching and blessing others.

It brings you honor, reputation, esteem, love. It gratifies the innate desire, which we all feel, for the confidence, the regard, the consideration of our fellow men.

It furnishes an ever-new, an inexhaustible subject for the strongest and most active powers of the intellect,—for observation in its widest and most various extent,—for reasoning in its most comprehensive scope,—for analysis and induction in their most rigorous application. Without fatiguing and wearing out the mind, it still keeps the mind ever active and awake.

Finally; it gives ample and boundless room for the culture of all the moral duties, the religious principle, and the social affections.

And now, my young friends, in conclusion, if I had but one parting admonition to leave behind me,—if there were one thing, which, more earnestly than any other, I would urge upon your attention,—it would be this;—to cultivate, to cherish, to strengthen the sense of moral obligation. Scenes of labor, of perplexity, of trial, will ever await you, in the midst of which, and through which, you can be sustained and cheered and guided, only by this divine and omnipotent principle. Write it upon the palms of your hands:—bind it as a frontlet upon your foreheads! It shall be round about you, a tutelary presence. It shall go before you,—a pillar of cloud by day, and of fire by night. It shall lighten your fatigues; it shall be with you, a celestial companion in your long and solitary journeyings; it shall soothe your sorrows; it shall multiply and heighten your joys; amidst the darkness of tempta-

tion and in the hour of peril and perplexity, it shall be your compass and your polar star; in adversity it shall be your stay and solace; it shall be the crown of your prosperity; through life shall it be your surest counsellor, your faithfulest guide, your fastest friend; and when the last hour comes to you, as it comes to all, it shall make soft the pillow of death, and it shall go with you, a divine messenger and minister, athwart that dark valley which lies between you and your final rest.

Article II.—*Remarks on Miasm.* By John H. Blue, M. D., of Chariton, Missouri.

Dr. Miller, of New York, a good many years since, suggested the name of koino-miasmata for that class of infectious fevers which depend upon malaria, in contradistinction to idio-miasmata, which results from the infection generated by the human system in a state of disease. The medical profession, for two or three thousand years past, have had an eye to miasmatic fevers, and in these latter days, chemistry and the kindred sciences have examined matter, even down to its elementary principles—atoms, millions of times smaller than a grain of sand, (Turner,) and yet, sooth to say, science has thrown but little light on the subject of miasm, and we are left with the ancients here pretty much to the observation of our senses.

The writer has lived in a miasmatic region for some years past, and in a matter of experience, his observation ought to be worth something. Perhaps I cannot better fill this paper than by submitting a few facts, as they have occurred to me; and if they are not new to the profession, they will nevertheless make the medical world better acquainted with miasm in the West.

Koino-miasmata originates in alluvial soils, and they are always insalubrious in proportion to their depth, newness and evaporation. Moisture is requisite for the generation of miasm; but some of our wetest summers are the most healthy, especially when the weather is cool, and the quantity of water is kept up from time to time by rains. Very dry warm summers are likewise healthy. Is it because decomposition ceases with the humidity?

Miasm is generally more virulent on the bluffs than in the bottoms, where it originates. Hence the western people prefer building on the low lands, near a stream of water, to the fresh air as one might suppose, on the adjoining elevations. And hence, too, some have imagined miasm to be lighter than common air; but this is contradicted by the fact, that the upper stories in a building are the most healthy. Is it not probable that water courses attract and absorb it in the one case, and that in the other the currents of air condense it against the side hills, and thus accumulate the poison there?

When the currents of air have a fair sweep, miasm may be carried, perhaps, several miles; but intervening media obstruct it, and it is a curious fact, that intervening strips of forest interrupt its influence, though the air must circulate through the trees.

It is generally supposed that miasm is not generated when the thermometer is below summer heat; and it is a common remark, that the "first white frost lays it cold;" so that they who have been laboring under its influence, begin to enjoy a purified atmosphere, and to improve in health. And yet vegetable decomposition goes on long after that, and at a low temperature. How shall we reconcile this with the supposition of Eberle, that miasm consists in particles of putrid vegetable and animal matter dissolved in aqueous vapor, and not on any change in the air itself?

All miasmatic fevers particularly derange the biliary organs, and the object of the physician is principally to procure dark, consistent, biliary stools, when convalescence generally commences. But miasm sometimes does not seem to develop itself till long after the miasmatic season is over. Hence our *winter fevers* often assume intermittent and remittent forms, and the state of the liver becomes a matter of paramount importance. It may be supposed from this, that miasm is generated at the time, at a low temperature; but I have seen such cases in good winter weather, and even when the persons were removed to a healthy neighborhood.

Miasm is most virulent where heavy rains or inundations are succeeded by dry, hot weather; and the standing water evaporates, till the mud and vegetation appear at the bottom. The stench at such times, on riding through our lowlands after night, is often intolerable—the smell of mud, rotten wood and vegetation. I have thought even, that I could taste it in the mouth. Is

there ever any connection between miasm and odors? Certain odors cause sickness; and the smell of many poisonous plants are disagreeable in the extreme. Persons who are unused to our tobacco factories, often become deadly sick from remaining in them a short time. Decaying tobacco stems are excessively offensive, and where they are allowed to accumulate in quantity, produce malignant and fatal fevers. I believe I have seen a field of Jamestown weed produce peculiar symptoms in a family living near it.

All persons are not equally in danger from miasm. We can frequently prognosticate to an emigrant, whether he will be liable to its influence. Most persons suffer in acclimating; but a great many escape any sickness at all. The robust and sanguineous, the athlectic and rosy are stricken down, while the pale and delicate pass on with impunity. I believe the consumptive are often benefitted by a miasmatic air, but cannot tell why.

From the time of the Bæotians to the present, it has been observed, that a miasmatic air rendered the inhabitants dull and sluggish. The well lose their energy; and the ague-stricken often feel life a burden. The inferior animals, particularly the horse, is debilitated. May not one cause of longevity in the ancients have been, that they were the healthy progeny of healthy sires, before deluvial and alluvial remains developed over the world the poison of miasm? Why is it, that the Indians and our early French population suffer so little?

Dr. Macculloch thinks the free use of animal food favors the morbific influence of miasm. Now, though able bodied persons may be the grossest livers, and thus injure themselves sometimes, yet I cannot see that there is much ground for the supposition. Our blacks are notorious devourers of pork and other meat, they eat it three times a day, and yet they are the healthiest part of our population. A nourishing but digestible diet seems requisite for those who are much exposed in our climate. I think I have seen quinine and other tonics do much good as prophylactics, but not spirituous liquors.

Night and noon are the most dangerous periods for exposure in a miasmatic region. The system is relaxed, and should have rest, not exposure at unseasonable hours. The night air is loaded with infection,—if one is abroad; and if within doors, too often a hundred chinks in the log cabin let in the polluted air on his sleeping

hours, when there is the least vital resistance. The hot sun may dissipate the miasm, but it predisposes to its influence by over-stimulating the system. A person is much better prepared to brave miasm in the day time, who sleeps away, in a pure atmosphere at night.

Miasm developes itself in its worst forms in recent "clearings." Does the hot sun generate more miasmatic matter, where the timber is down, or is it because the foliage of the trees, when standing, absorb it, as we know is the case with carbonic acid gas? Has not a beneficent Providence, in this way, made vegetation an antidote as well as a poison?

Miasm exists in the atmosphere—but what is it? We know that the atmosphere, like the ocean, holds in solution a great many substances; that it is something more than a combination of oxygen and nitrogen. The imponderables, as they are called, light, heat and electricity every where pervade it, and various gasses are mingled with it. Chemists tell us that impure air has the same appreciable properties as the pure; but this must result from the imperfection of their tests. Dr. Prout says he was experimenting in London, on the weight of the air, during the cholera there, and found the air really and decidedly heavier than usual for six weeks. That the cholera was the effect of this peculiar condition of this atmosphere, he does not undertake to say; but he believes that the cholera was owing to the same matter, which produced the additional weight of air.

Burzelius tells us, that while experimenting on seleniuretted hydrogen gas, some small bubbles, about the size of pin heads, diffused themselves in the room, producing, in his case, catarrhal symptoms, followed by a dry and painful cough, for which he had to apply a blister to his chest. In the year 1782–3, one of those remarkable hazes called "Dry Fogs," extended over Europe, accompanied with earthquakes and volcanic eruptions, and simultaneously with epidemics of various kinds, particularly the influenza, (Prout.) Now, is it not very possible, that selerium, in some of its combinations, or some other poisonous vapor, may have been in operation at the time?

The malaria of epidemics always produces abnormal changes in some one or more secretions of the human system, and it is very likely that each particular epidemic is the result of a different kind

of malaria. Sometimes miasm may be some form of carburetted hydrogen gas. I judge this, from the fact, that it seems so intimately connected with the decay of vegetables, which abound in carbon and hydrogen. As soon as the living principle ceases in vegetation, the different elements react, and produce new combinations, often deleterious, many of which we are probably unacquainted with. Undoubtedly there are other *materies morbi.* Professor Daniell supposes that sulphuretted hydrogen gas is a great cause of the epidemics on the African coast; and whoever has wound along the two Charitons, and indeed many of our sluggish streams here, must have been struck with the great number of sulphurous springs which rise up along their banks and in their beds. Most of the wells in our bottom situations have sulphurous water, disagreeable to the taste and smell, and are reputed unhealthy. Carburetted hydrogen, and, I presume, sulphuretted hydrogen gas, is continually streaming up from beneath the surface of our stagnant rivers, lakes and marshes, in warm weather.

Many of our streams are stagnant in summer, and are covered, thick and green, with algæ, presenting to the botamist some most beautiful specimens of cryptogamous plants. A common expression here is, that such water "has ague and fever in it." What influence this may have on our diseases, I will not pretend to say. Who knows, if the stagnant rivers thus teem with vegetable life, that the murky atmosphere may not? Rain and snow are sometimes observed to be tinged with coloring matter of minute cryptogamous plants, and why may not infinitely minute algæ float in vapor, as they do on the water? Would it be more strange than the existence of the infusores?

I forgot to mention in its proper place, when speaking of deranged secretions, the vomiting of "blue bile," as it is called, the symptom is frequent here, in slight congestive attacks, but I never saw it reported; and the first case which came under my observation, alarmed me very much. I have since seen several, and they all did well. The color is a light indigo or sky blue, very different from the grass green, grumous matter, which is vomited up in the last stage of our worst fevers.

Art. III.—*Scrofula.*

The following article is intended as preliminary to a series of numbers on Scrofula, which will be principally made up from the French of Baudelocque. I have been informed by Prof. Cross, that the work has been already translated in England. We have not the translation in our Medical Library; and, I presume, it has not reached the West, if, indeed, it has the United States. At any rate, there is a great lack of knowledge, so far as I can learn, throughout the western country, in reference to this disease. Very little is said about it in medical schools. The knowledge of it which is possessed, is very vague and indefinite. Some physicians, and some authors too, understand by scrofula every form of glandular disease, such as phthisis pulmonalis, tabes mesenterica, or the carreau of the French, and common scrofula. When some form of glandular disease is the subject of legal investigation, it is difficult to know to what variety an inquiry has reference. Counsel on each side can find a doctor, whose opinion, honestly given, corresponds with his own. A remark of Alibert explains this. He says, that there are as many theories of the disease, as there are authors.

Under these circumstances, I flatter myself that a few numbers on the etiology, essential nature, and treatment of scrofula, will not be unacceptable to the readers of the Recorder.

What I shall say, as stated above, will be, for the most part, a translation from Baudelocque; yet I do not promise to give a literal translation. I shall only endeavor to convey in pure English (as well as I am able to write it,) *the meaning of the author.* When I give my own opinion, I will say so; so that these articles will be no otherwise considered, in some sort, than as a translation.

And first, with the etiology. Our author remarks in the preface, that authors have attributed scrofula to a great number of causes; but they have not examined each one separately; they have not sought out their mode of action, whether they exist alone, or in the different combinations, which they so often present. Let us take an example: suppose they refer it to bad food. In the first place, they have not specified in what that consists. They have not examined its influence, independently of tempera-

ture, of moisture, of habitation, of cleanliness, of occupation, &c. in such sort, that it is impossible to determine the part which food acts in the production of the evil. Our author pursues a different course, as will be clearly seen in the sequel.

For about the last half century, the study of the causes of diseases has been totally neglected. Nothing is more destitute of interest than all that has been written upon the subject. It is but a continual repetition of the same causes; a repetition made, for the most part, without order and without any discernment. If we except affections due to a specific cause, there cannot be a disease named, which has not been attributed to variations of temperature, to irregularities in diet, to the repercussion of an exanthemeta, of perspiration, to the suppression of an habitual hemorrhage, &c. When one opens a work on pathology, and reads at hazard the description of a disease, he will know all that the work contains upon the causes of other diseases. The only difference which he will observe, consists in the change and transposition of some words. The manner in which etiology is treated, shows how little importance is attached to it. Could it be otherwise with the exclusive solidism of modern medical theories? From the moment that we admit that a disease requires always the same remedies, whatever may be the cause of it, it becomes superfluous to give much attention to an object, which is regarded as useless, to throw any light upon the diagnosis and prognosis, or to guide in the treatment.

We are now returning to sounder views. Prejudice begins to disappear before the evidence of facts. Because, for example, a phlegmasia presents always the same local phenomena, it does not follow from thence that its march will always be the same; that its gravity cannot be different; that it should always be combatted by the same means—by blood-letting, for example, local or general, or emollients. Daily experience teaches us that the duration and prognosis vary according to the cause, and that a cure oftentimes cannot be effected, but by the aid of a treatment very different. The history of the different forms of angina, of erysipelas, of rheumatism, of pneumonia, &c., furnish me, at need, proofs in support of that assertion, which, indeed, is scarcely contested at this day. Thus etiology gains favor. The study of it, well directed, ought to exercise the most happy influence upon

therapeutics. There is no disease which may be said to draw from it more advantages than scrofula. The expose of its causes presents a real chaos, where every thing is jumbled together. In the desire, very natural without doubt, to discover the origin of the evil, gentlemen have endeavored to find out, what may be, in the manner of living, the conditions most unfavorable to health. Each one has stopped at that one of those conditions which strikes his mind with the most force. It was not, consequently, difficult to make it agree with the dominant medical theory. No where has there been made a more frequent application, and, we must confess, a more unhappy application, of the axiom. *Post hoc, ergo propter hoc.*

So soon as there is found out some departure from the precepts of hygeine, one fails not to attribute to it the disease; and there is not one of them, whatever its nature may be, which has not been ranged among the causes of scrofula. Such are principally the insufficiency or the bad quality of food and of drinks; the prolonged use of certain sanatives; uncleanliness, active moral affections; the retention, or the excessive flow of the matter of secretions; too much or too little exercise; sleep too long continued, or not a sufficiency of it; the privation of light, electricity; dwelling in a damp location; the continual sojourn in air not renewed; frequent and sudden variations of temperature. It is necessary to add to these hereditary predisposition, lymphatic temperament, contagion, and the dégénéuscence* of the syphilitic virus.

No author up to this day (1831) has sought to appreciate, to determine the influence of these causes, considered either isolated or re-united in greater or less number. It appears to me so much the more important to do so, since without exact knowledge in this respect, there is no possible prophylaxy; there is not even any reasonable therapeutics.

A fact which struck M. B., at first sight, was to observe that the scrofulous disease developed itself very frequently under the empire of circumstances opposed among themselves, or very different, for the most part, from the causes indicated in the books. Thus, for example, one often meets with scrofula in individuals in regard to whom we cannot suspect hereditary predispo-

*I understand by this word vitiation, such as tends to cachexia.

sition, or contagion, or syphilitic dégénérescence; in individuals who have always made use of wholesome and abundant food; who, in a word, do not present in their manner of living, any of the infractions of hygeine, noted with so much care. Another fact, less common in truth, but which astonished M. B. fully as much, was to see young persons in the enjoyment of the most excellent health, although they were born of scrofulous parents; of parents who had had syphilis many times; who had often been subjected to the constitutional influence of mercury; although they had lived for a long time in the midst of children affected with scrofula; although they had never scrupulously conformed to the precepts of hygeine.

These two facts were well calculated to shake my confidence in all that had been written upon the causes of scrofula. In analyzing successively each one of these causes, in searching to inform myself of their manner of acting, after having read all the facts published, inquired into, with much care, all the circumstances which had preceded the development of the disease in a great number of children confided to my care, I can confirm the truth of the following remark made by Bordeu, to-wit: that scrofula occurs at every age; in infants at the breast, or when they have arrived at an age to require more substantial food; and whether they were born of parents known to be scrofulous; common people, or people in the higher ranks; diseased or healthy; whether they have been raised with care, or have been neglected in their regimine. Does it not result from this, that too much importance has been accorded to the greater part of the causes assigned for scrofula? I hope to put it beyond a doubt, and show afterwards that we have not sufficiently considered a circumstance, which we always find existing in the manner of living of scrofulous persons, and which appears to me to be the indispensable condition of the development of their malady.'

Hereditary Predisposition.

'This cause, rejected by some authors, among others by Faure, White, Diel, Henning, is admitted by the greater number. Some of these last suppose that scrofula is always a hereditary disease, and never acquired. Children, the offspring of scrofulous parents, are not ordinarily born with the disease. There are, however, even many facts to prove that this is not impossible. MM.

Langstaff and Husson have found tubercles in the lungs of children at birth. Œler found the mesenteric glands swollen, hard, scrofulous; in a word, not only in fœtus born of scrofulous mothers, but also in fœtus whose mothers offered no trace of the disease. Champier found the tubercles in a state of supuration in new born infants. Similar observations have been made upon the lower animals, by Dupuy and Andral. Such cases Baudelocque thinks are very rare. For the most part, children at birth have only a predisposition to the disease. That it is hereditary, he has no doubt. He quotes the following from Cullen in confirmation of his opinion. Cullen says he knew a family, the father of which was scrofulous; all the children who resembled him were affected with the disease, while those which resembled the mother were exempt from it. He thinks this theory reasonable from analogy, though there were no facts to support it, and quotes from Laurentius and Van Swieten, who reason thus: that children resemble their parents in the external form and size of their bodies; in their mental developments; in the shape and size of their heads, &c.; and hence it is reasonable that they should resemble them in their internal, intimate organization. Experience and analogy unite to prove the fact; but does this hereditary predisposition necessarily, inevitably lead to the development of the disease? He thinks not; for the disease to be developed he thinks there must be added to the predisposition the action of a special cause. If it were not so, he remarks, we would see all the children, born of scrofulous parents, become so. If the disease was really hereditary, says White, (who is opposed to that theory,) it ought to attack all the brothers and sisters alike. Now, it often happens, that but one, or one or two of a family of children, will be the subjects of the disease, while all the others will escape. Kortum relates many facts of this character. Similar facts are not rare, says Baudelocque. It seems that one generation escapes, and the disease will appear in the second generation. This was observed and remarked by Van Swieten. The observation of Van Swieten, says Mr. B., has struck a great many authors with force, and they have sought in vain to give a satisfactory explanation of it. He thinks it can be easily explained. Predisposition has been transmitted to two generations; but the first has been withdrawn from, whilst the second has been exposed to, the influence of the action of a

cause, without which, scrofula cannot exist. Thus I can see nothing, says M. B., which revolts from reason, in the 1076 aphorism of Boerrhaave. *Silente sæpe morbo in genitura dum ex ævo derivatur in nepotem.*

As it regards hereditariness, scrofula and syphilis differ entirely. All that is necessary in the latter, is that either of the parents have the disease at the period of fecundation. The child or children will inevitably have it. It never passes through a generation. Scrofula, on the contrary, does not develop itself in children born of parents affected with it, unless they be subjected to the influence of a special cause. On account of the predisposition, this cause will act much more rapidly, much more deeply indeed; but I look upon it, says M. B., as indispensable to the birth of the disease, and observation, he thinks, often contradicts the opinion of Reid, who ranks scrofula among hereditary diseases, the evolution of which, in the offspring of parents affected with such a disease, can almost never be hindered by any prophylactic measures. The error into which Reid has fallen, he thinks arises from the fact that he has not taken into account a circumstance which, however, has not escaped the notice of other authors, to-wit: that in these cases, for the most part, the parents and children have both lived under a condition of the same circumstances, used the same diet, &c., &c., as was remarked by Kortum. The remark of Kortum, says B., is strictly correct; it is too often forgotten or neglected, although Fournier and M. Begin have applied it to scrofula. "It is indubitable (say they,) that scrofula is hereditary, but it is not less certain, that physicians have often admitted that cause, when the parents of the children were absolutely strangers to the disease. Observation shows that the development of scrofula is almost always the result of circumstances, in the midst of which the subjects are placed; circumstances which are the same as those which induce the disease in the parents."

I cannot admit with Cullen, says M. B., that the scrofulous disease is almost always hereditary. Still less can I admit with Doctor Lemasson Delalande, that there is no acquired scrofula; that it is impossible for a well organised individual, placed in any condition you wish, shut up, for instance, in a dungeon for years, to become really scrofulous. Facts which contradict these opinions are so numerous, they appear so often, that it seems to me,

says M. B., superfluous to report them. It is very common at Paris especially, to see children deeply affected with scrofula, although their parents and grand parents were never the subjects of it. Is it not a matter of daily occurrence to be consulted for scrofulous children, whose father and mother are persons of strong constitutions, who have been living at Paris for a few years only, and who were born and reared in the country. But Cullen admits this fact. He says, I have nevertheless seen children who have had that disease, although their father and mother had never been attacked; oftentimes there is but one child affected out of a numerous family. Vol. 2, p. 604, Bosquillon's translation."

Lymphatic Temperament.

Almost all authors, who have written upon scrofula, note the lymphatic temperament as one of the great predisposing causes. None of them have pushed this opinion farther than Prof. Richerand. "The scrofulous disease," he says, "is, in some sort, an exaggeration of the lymphatic temperament. Exhibit all the characteristics attributed to this particular constitution of the body, and you will have a faithful picture of that disease." This reasoning is ingenious; we cannot deny but that the external appearances often lead us to confound the two states, but the examination of a great number of cases, will enable us soon to see that these appearances are far from being constant. Already M. Guersent has remarked it. See how he expresses himself upon that subject: "There is no doubt that certain temperaments are more disposed to scrofula than others, and that, other things being equal, persons of lymphatic temperament are the most liable to it. Nevertheless, we ought to be careful in adopting this assertion, which has been repeated in all the books. I see every year a great number of scrofulous children, and certainly the majority of them do not exhibit the characteristics which we ordinarily accord to the lymphatic temperament. Many of them are of dark complexion, the skin is dry, and there is little embonpoint." One can convince himself of the truth of this remark by daily observation; in passing through the wards consecrated to the treatment of scrofula, he will see that more than half of the patients present none of the characteristics assigned to the lymphatic temperament. There are a great number who have dark chesnut or black hair, skin brown and dry, the eyes black, but little embonpoint,

and great activity. Thompson affirms that the gravest cases of scrofula which he has observed, were to be met with in subjects whose complexion and hair were very dark.

The lymphatic temperament characterised, as one knows, by the fineness and whiteness of the skin, by roundness of form, by the softness of the flesh, by muscular feebleness, apathy, indifference, this temperament is compatible with health; it is met with often in persons of the most blooming health; developed to excess, it has for its principal characteristic, obesity, with the inconveniences superinduced by excess of fat: but we do not see, on this account alone, induced glandulous engorgements, ulcers, chronic inflammations, caries, necrosis, &c. &c., accidents very common among the scrofulous. If, at the commencement of scrofula, there exists embonpoint; if one observes this predominance of the albuminous fluids, from which results, says M. Alibert, a sort of deceptive beauty, of which there is mention made of more cases than there really are, we will observe this embonpoint to diminish in proportion as the disease advances. The contrary is absolutely true of persons of lymphatic temperament; the obesity augments in proportion as this temperament becomes more decided.

These considerations suffice, it seems to me, says M. B., to show that there is a great difference between an individual of the lymphatic constitution and a scrofulous individual. The nature of the two states is so dissimilar that there is no resemblance between the lymphatic temperament, the most *outre*, and the scrofulous affection, the most slight. Observation, however, does not oppose our believing that scrofula develops itself more rapidly, and with more facility, in lymphatic children, than in others; but this shows, in all cases, the indispensable necessity of a special cause, of a cause, to the action of which, the lymphatic constitution opposes less resistance than any other. J. C. D.

(TO BE CONTINUED.)

BIBLIOGRAPHICAL NOTICES.

A Demonstration of the Curability of Pulmonary Consumption, in all its stages; comprising an inquiry into the Nature, Causes, Symptoms, Treatment, and Prevention of Tuberculous Diseases in general. By Wm. A. McDowell, M. D. Louisville, Ky: Prentice & Weissinger. 1843. 8 vo., pp. 269.

The title of this work is very imposing and taking, and by those of the 'hectic breast,' in whom 'hope springs eternal,' it will be, doubtless, sought with a zeal commensurate only with the baffled and defeated exertions heretofore made for their relief. Without wishing to shake confidence in the hopes held out by the work before us, we may take the liberty of saying that its author is not the first individual who has proclaimed an almost complete mastery over the fell destroyer; nor will he, we fear, be the last. This intimation is not made because we believe in the incurableness of phthisis pulmonalis, for we have very conclusive proof to the contrary. We have several well attested instances of recovery from it, and the ultimate enjoyment of good health, through the remainder of a quite protracted life. Besides, necroscopic disclosures prove that very frequently the cavities formed by the softening and discharge of tubercles, have healed—have become perfectly cicatrised, and that the presence of such cicatrices accounted for the existence of undeniable consumptive symptoms at anterior periods of life. So that the curableness of pulmonary consumption is no longer a question *sub judice;* nor is it a matter of doubt how its cure is effected. To the efforts of nature do all refer so rare and fortunate a result. A fibro-cartilaginous membrane is thrown out, which lines the tuberculous cavity, and it consequently ceases to form the matter of consumptive expectoration. With this occurrence, the general symptoms cease, and the individual temporarily or permanently recovers. Can this be accomplished by any effort of art? Are we in possession of any remediate agent that may be relied on to procure so fortunate a result? Physicians in general, we are persuaded, will respond in the negative. Dr. McDowell, however, is of a different opinion, and if we are to confide in his statements, or should we venture to draw a conclusion from what we have

been able to do towards the prevention, mitigation and protraction (we will not say actual cure) of pulmonary consumption, or refer again to the comparatively easy curableness of scrofula, a kindred affection, we do not think we should be acting justly or wisely to say that he is in error.

Although much progress has been made in the study of tuberculous complaints, no one will maintain that our knowledge of their pathology is thorough or satisfactory, and therefore we should not be surprised that all the modes of treatment, heretofore, recommended, have proved wholly inadequate to attain the end in view. This is certainly calculated to discourage, but it should not cause us to despond. A more enlightened pathology will certainly cause a more successful practice to be suggested and enforced, and this, we trust, though he has started no idea that is particularly new, may be the result of the labors of Dr. McDowell.

When it is alleged that an individual has recovered from phthisis pulmonalis, it is at once asserted that the disease existed only in the imagination of the physician. This is, doubtless, often the case, and to that conclusion we should uniformly come, when it is ascertained that the existence of the disease has been deduced from the general symptoms only, for they can never furnish the grounds of a correct diagnosis. But when the intimation made by the general symptoms is confirmed by the physical signs, we should, as they rarely, if ever deceive, receive cases of recovery as proof of its curableness. With auscultation and percussion, Dr. McDowell professes to be familiar, and unless it should turn out otherwise, the profession will be constrained to receive as true his statements in relation to the subjects of which he speaks. That his success has been very remarkable, will be seen from the following extract:

"From June, 1838—the commencement of my practice in Louisville—to January, 1843, 120 cases of tubercular disease were treated, 66 of which presented the diagnostics of the last stage of consumption:—of which 25 have died, 70 have been cured, and 25 are still under treatment; twelve of whom are convalescent.

"Of the above, 36 cases were attended jointly, or in consultation with one or more of my brethren in the profession. To 39 others, my attendance succeeded to that of other discriminating and reputable physicians, with whom I coincided in the diagnosis. The tubercular identity of the remainder, rests (professionally) upon my individual diagnostic discrimination.

"Of the 25 that died, the loss of several is ascribed to inattention to prescriptions. But a large majority of them, on first examination, presented a condition of the lungs so extensively ulcerated and disorganized and so depraved a state of the general system, as to preclude all hope of any other termination."

This statement gives his work a title to the most attentive consideration, and therefore we shall endeavor to give the reader an outline of its varied contents; without, however, going into such details as will supersede the necessity of a reference to the book itself.

The work is divided into eight chapters, the first of which treats of the '*Anatomy of Tubercle*,' and does not require a further notice, inasmuch as its contents may be found in any work on the subject.

The chapter on the '*Pathology of Tubercle*' contends for an important but not a novel principle. The disease consists, according to the author, in a morbid state of the blood, from which results a morbid secretion. This doctrine is fully developed in an article entitled "*Remarks on Scrofula*," to be found in the first volume of this Journal. Dr. McDowell has gone into more full details, and his train of reasoning is somewhat different, but he has arrived at the same conclusion, i. e. a morbid state of the blood. He is decidedly of opinion that tuberculous matter is organizable, and in support of this allegation, he relies mainly, if not exclusively, on the observations of Dr. Gross. This is an old opinion, and by referring to p. 331 of the 1st Vol. of this Journal, it will be seen that it numbers several very respectable names in its support. Let it be recollected, however, that Andral and many other very high authorities, think differently, and that the prudent pathologist will postpone a decision of the question until more light is thrown on the subject.

The chapters on the curableness, causes and symptoms of consumption, need not detain us for the purpose of making any comment, as their contents are the common property of the profession.

In the chapter on the '*Treatment of Consumption*,' the author has given a fair and full *resume* of the remedies that have been commonly employed in this disease, and very properly, as we conceive, relies on those of a tonic or invigorating character. Ferruginous preparations and common salt are much eulogised by

the author, and from what we know personally of the effects of the former in those cases of disease that are marked by a predominance of the white fluids and tissues over the red, we do not doubt that his confidence is well placed. As we cannot go into a more full detail of his treatment, we take pleasure in commending his account of it to the attention of the practitioner, as very judicious, if not as efficient, in all respects, as he could desire.

On the subject of diet, the preference which he gives to animal over all other kinds of food, is worthy of imitation. Much mischief has been caused by limiting consumptive patients to a vegetable or a still less nutritious diet. It weakens the patient and rapidly precipitates the fatal result, as the reader will see by referring to several articles by the Editor and other writers, to be found in the first volume of this work. We would recommend him to consult the review of M. Dujat's treatise on the influence of climates in the production of tuberculous affections, and the "*Remarks on Scrofula*," by the Editor, as we believe they contain all that is necessary to convince the unprejudiced of the superiority of animal over every other variety of food, in preventing, mitigating and protracting consumption.

We commend the following remarks of the author on diet, to the notice of the reader, not only as just in regard to the disease under consideration, but many other chronic affections, in the treatment of which physicians have been, and still are, too much in the habit of directing comparatively innutritious and indigestible articles:

"One English beef-eater, history tells us, is a match in prowess, for six native Hindoos, who are said to be raised without knowledge of the flavor of meat.

"The following table, constructed by Sir James Clark from Marshall's Medical Topography of Ceylon, exhibits the proportionate mortality from consumption to be greater among the natives than among resident Europeans, in the island; in the tremendous proportion of about from 13 up to 34 to 1.

	Europeans.	Malays.	Caffres.	Indians.
Total deaths in 1,000 persons during one year, - -	142	36	49	45
Deaths from consumption in 1,000 persons during one year, - - - - - - - - - -	0.6	2.8	7.	2.6
Deaths from consumption, in 1,000 *cases, from all diseases*, - - - - - - - - - -	4.3	58	146	59

"We also see that the proportion of deaths in the West Indies, from consumption, is vastly greater among the negroes than the whites; and it is notorious that the former habitually consume less meat—on many plantations none is allowed them.

"Dr. Rush tells us—1st, "That it [consumption] is *unknown* among the Indians of North America.

"2d, "That it is scarcely known by those citizens of the United States, who live in the first stage of civilized life, and who have lately obtained the title of the first settlers." *Medical Inquiries.**

"The difference in athletic vigor, between exclusively herbivorous and exclusively carnivorous animals, is still more marked.

The panther is a match for a horse or an ox ten times his size. The lion devours the elephant. And, with reference to our especial subject, the exclusively carnivorous are the least subject to tubercle; in the free, wild state, probably not at all so, but on the contrary they, as well as birds of prey, have been found to present indications of the gouty diathesis, (334,)† as if a necessary consequence of tuberculous exemption.

"From all this I think it may be safely inferred that meat diet is the most invigorating and best adapted for persons of feeble constitution; and that they might at least be permitted to indulge their preference, if such should be their election. My own observations in the matter satisfy me, independently of inference from the marked contrast in aspect and in every characteristic of the two diseases, that the judicious and appropriate use of animal food and common salt will be found as efficient preventives of consumption, as acid fruits and succulent vegetables have but recently been discovered to be of scurvy.

"But such, unfortunately, is not generally the opinion of nurses, or even of physicians. The robust may indulge with their sanction, to their injury, and to the production of obesity, gout or apoplexy. While strong diet is prohibited to the cravings of the weakly, as being too gross for their delicate habits. And although all the consumptive die, who are thus nursed, yet nothing profiting from experience, those who undertake the care of such patients, resolutely nurse on all new cases in the same way, to the same termination.

"Those who can escape such tender mercies, and betake themselves to travelling, to hunting or to sea-faring, are seen often to recover; but the recovery is ascribed to riding, walking, sailing, or to any thing else in preference to change of aliment. Restoration, in a disease acknowledged to have its origin in the degeneration of the blood, may, it is im-

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* To the Indians, consumption is *now* known; though with them, as well as with the frontier settlers, the disease is very rare. The Indians are almost exclusively carnivorous; the pioneers, for several years after settling, are necessarily very nearly as much so. Dr. Rush ascribes exemption in both cases to laborious exercises. But the Indians are proverbially lazy, and are both less regular, and take in the aggregate, less exercise than whites.

† "Aldrovandi has found that beasts and birds of prey, especially the hawk, are subject to gouty concretions; and it is matter of general observation among naturalists, that carnivorous animals are less subject to tubercles than others. It is considered by many doubtful, indeed, whether in their free and wild condition, these animals are at all subject to tubercles."

agined, be accomplished by any other thing more readily, than by that from which this blood, the source of the morbid matter which constitutes the disorder, is immediately elaborated.

"The following remarkable experiments of Magendie exhibit the effects of restraint upon natural appetite, and restriction in dieting animals:

"M. Magendie fed dogs, &c. exclusively on some one of various nutritious articles, such as sugar, oil, gum, butter, &c.; allowing air and water as usual. They died within an average of about 30 days.

"'A dog fed with white bread, made from pure wheat and with water, died at the expiration of 30 days. Another, fed exclusively on military biscuit, suffered no alteration in its health. Rabbits and Guinea pigs fed upon one substance only, as corn, hay, barley, carrots, cabbage, &c., die with all the marks of inanition, generally in the first fortnight, sometimes sooner.

"An ass fed on boiled rice died in fifteen days, having latterly refused its nourishment. A cock lived for many months upon this substance, and preserved its health.

"Dogs fed exclusively with cheese, or with hard eggs, are found to live for a considerable period, but become feeble, meagre, and lose their hair.

"The substance from which Guinea pigs can derive nutriment for the longest period, appears to be muscular flesh."

"'When a certain degree of emaciation has been produced by feeding an animal for some time upon one substance, as, for instance, upon white bread during forty days, the animal has appetite left to eat with avidity different kinds of food, but the change in diet comes too late; the animal does not regain its strength; it continues to waste, and dies about the same time at which its death would have happened had the exclusive diet been continued."

"I have known promising families of children destroyed, or ruined in constitution by analogous measures, simply by being "over wise" in regulation of their diet.

"'A child," says Darwin, "of a week old, which had been taken from the breast of a dying mother, and had by some uncommon error been suffered to take no food but water-gruel, became sick and griped in twenty-four hours, and was convulsed on the second day, and died on the third. When all young quadrupeds as well as children have this natural food of milk prepared for them, the analogy is so strong in favor of its salubrity, that a person should have powerful testimony indeed of its disagreeing before he advises the discontinuance of the use of it to young children in health, and much more so in sickness. The farmers lose many of their calves which are brought up on gruel, or gruel and old milk; and among the poor children of Derby, who are thus fed, hundreds are starved into the scrofula, and either perish or live in a state of wretched debility.'"

This extract is not spread before the reader because of the novelty of its contents, but because it tends to confirm the soundness of the practical principles inculcated in the first volume of

this periodical, and which may be found in the articles to which reference has been already made, as well as in several others that bear the following titles, and which may be found at the places designated. '*Connection between abundance of Food and Mortality*,' p. 233; '*Dyspepsia and Cachexia*,' p. 425; '*Diet*,' p. 427, etc.; '*Consumption*,' p. 465; '*Abstinence and Repletion*,' p. 473; '*Mortality of Surgical Operations in the Parisian Hospitals*, p. 476; '*Feeding* versus *Starving in Pox*,' p. 477; '*Diet in India*,' p. 478; '*On the Nature and Treatment of Scrofula*,' p. 529; '*Tendency of Bad Living to produce Chorea*,' p. 569.

Having now said enough to give the reader an idea of the principles and practice of the author in regard to a disease which is one of the chief out-lets of human life, and doubtless enough to inspire him with a desire to form a more familiar acquaintance with them, we take leave of the author with the hint that, should a second edition of his work be called for, its literary character may be improved by a little more attention to orthography and syntax. The defects in these respects, it is true, are not as numerous as they might be, nor are they as palpable as some that we have seen, in Inaugural Theses, for example, and therefore it is to be hoped that in a future edition they will be diminished in number as well as rendered less obtrusive in character.

Observations on the Epidemic Yellow Fever of Natchez, and of the South-West. By John W. Monette, M. D. &c., Louisville, Ky. Prentice & Weissinger. 1842. pp. 155.

We have perused the *brochure* of our old fellow-student, Dr. Monette, on Yellow Fever, with pleasure and profit. It is written in a plain unostentatious style, and the train of investigation in which he appears to have been engaged for many years has been conducted in a spirit of fairness and liberality, while the arguments he uses are generally relevant and drawn from the subject itself, an excellence which we are not so fortunate as to recognize in many of the publications of the day. From the handsome manner in which he has acquitted himself in the present publication, the friends, at least, of Dr. Monette, will not consider him absolved from his obligations to his profession or the cause of suffering humanity, should he think fit to terminate here his career as

an author. The abundant materials of a very ample experience must have put it in his power to furnish results that would be of infinite advantage to the younger, if not the older members of the profession in the management of the maladies that are peculiar to the South. Few men have been permitted to run so long a career of practical usefulness in that pestiferous region, and fewer still have availed themselves of the opportunities they have enjoyed with so much profit. Let us not be disappointed, therefore, in the just expectation that he will continue, at suitable intervals, to give to the public the fruits of his observation and experience. To this he should be the more powerfully impelled by the consideration that, although much has been written on the subject, we know very little of the nature and treatment of the diseases which almost every year commit extensive ravages amongst the population of the Southern portion of the United States.

While we have spoken freely, but not too flatteringly of the industry and zeal of Dr. Monette in the cause of medicine—the literary abilities and philosophical spirit evinced in the publication before us, we are not prepared, though we confess some inclination, to relinquish the deeply-rooted principles of years, for those he would substitute for them. On several points connected with the subject he appears to have investigated so thoroughly we differ with him; but we will not stop here to offer our objections; too much has been written already, as the author clearly intimates, on the etiology of Yellow Fever by those who never enjoyed any advantages of personal observation.

We cannot do better in our desire to give the reader an idea of the topics discussed in the work before us, than to furnish him, *in extenso*, with the conclusions to which Dr. M. has arrived, and they are as follows:

"I. That the miasm or gaseous matter which is essential to the production of epidemic yellow fever, is generated only while the extreme temperature in the shade is at least up to 88° of Fahrenheit; and that so long as there is sufficient agitation and change of the air by winds, it will not accumulate in sufficient quantity to produce yellow fever as an epidemic: that when sufficient miasm is produced and accumulated, the malarious combination, which likewise requires several days of calm, sultry weather, will proceed at a still lower temperature.

II. That the miasm of yellow fever, is, *per se*, in a pure atmosphere, probably innoxious; but acquires active morbific properties by combining with sultry, hot air, which has been exhausted by respiration,

and charged with human exhalations: and that it then becomes *malaria*, or infectious air, which is an active predisposing cause, as well as a proper "*nidus*" for the reception and evolution of the infection of yellow fever.

III. That this malarious condition of the local atmosphere of any city, or portion of a city, may be so concentrated as to produce a strong predisposition to yellow fever in many of the inhabitants, without actual disease, until after a few cases have been excited into action by highly exciting causes, when *infection* is generated, and speedily the malarious district becomes the infected district: which result would have been prevented by a storm or change of weather previous to those cases.

IV. That when the malarious combination is sufficiently concentrated for this purpose, a large quantity of *infected air*, brought from an infected district, or a large number of cases of yellow fever introduced from another point, will convert that malaria into infected air, and produce an epidemic likewise.

V. That consequently, although yellow fever may to a certain extent be called a disease of local origin, and depend upon a local atmospheric constitution, or contamination, for its extension, yet it may, under some circumstances, be carried from one city to another, and there propagated.

VI. That accordingly epidemic yellow fever may be averted sometimes by one or all of the following measures, enforced at a time, when, according to the principles herein set forth, the malaria is forming rapidly; viz:

1. By a dispersion of the greater portion of the citizens to the country.

2. By removing from the city, and especially from the districts usually infected, all *strangers*, or those who have not become acclimated by a residence of two or three years, and who would of course be the first attacked.

3. By prohibiting the introduction from foreign places of infected air, or *fomites*, or patients laboring under yellow fever during the prevalence of malarious accumulations.

VII. That malaria accumulates most in those parts of cities and towns, where the population is most crowded, and where, from the situation of the ground, or the nature of the buildings and enclosures, the local atmosphere becomes most stagnant: and such accumulations of malaria in the United States take place chiefly in the months of July, August, and September.

VIII. That when yellow fever rages like a pestilence in any city or town, the suburbs, the immediate vicinity, and the whole surrounding country, are entirely free from such infected air, and from all similar disease. Of course the epidemic yellow fever cannot be the result, solely, of "a general atmospheric constitution"—but is the result of some peculiar local contamination of the city atmosphere.

IX. That this local contamination, or infection, *is not* the product of the city filth usually found in streets, alleys, and sewers, and about the wharves; nor is it the product of the decomposition of animal or vegetable matters, under any circumstances.

X. That when this contamination or infection is once formed in the local atmosphere, none of the disinfecting agents heretofore used, have any virtue in neutralising the infection, or in arresting the progress of an epidemic. Cold, or a reduced temperature, is the only known destroyer of the infection of yellow fever.

XI. When an epidemic has once begun, the only safety to the unacclimated is speedy flight to the country, where the air is pure. When the population of an infected town has fled in great numbers to any healthy town, carrying with them large quantities of clothes, beds, bedding, blankets and porous articles of merchandise, there is great danger to be apprehended, lest the fomites should there generate a new local infection equally virulent with that from which they had escaped. These articles, when infected, are liable to become the most virulent sources of infection, and are purified only by frost or cold weather.

XII. That all steamboats, flat-boats and vessels which remain at the wharves for many days, in an infected district, discharging and receiving freight from the infected district, do often become as thoroughly infected as the houses in that part of the town, and finally become as capable of imparting the disease to unacclimated strangers, as the air in the city houses would, under similar circumstances.

XIII. Consequently such vessels from an infected port, should be prohibited from lying at the wharves of a healthy town, and from discharging their freight or sending into such town yellow fever patients, or in any wise holding intercourse with the population of that town during the months of July, August or September.

XIV. That the cause of humanity, both in relation to the sick and the well, and especially to the latter, requires that all hospitals provided for the reception of boatmen, sailors, and all indigent poor, during an epidemic yellow fever, should be located beyond the limits of any city or town, and that the free and promiscuous intercourse of the citizens with such hospital should be interdicted.

XV. That all empty and unoccupied flat-boats at the wharves should be removed early in summer, as they contain a large amount of stagnant atmosphere constantly acted on by the intense rays of the sun, and they may thus become reservoirs of what we have termed *miasm* and *malaria*.

The following *facts* relative to yellow fever in its *epidemic form*, appear to be well established by experience and observation, especially as regards the United States.

1. Foreigners and northern strangers are often attacked with yellow fever in the southern ports of the United States, as well as in the West Indies, when the whole resident or acclimated population is healthy; and the former are the principal victims during any yellow-fever epidemic.*

2. It is extremely rare that any person is attacked a second time by yellow fever. The first attack produces such a change in the constitution that those who recover are generally forever afterwards exempt from its attack, while they reside in a southern latitude.†

*See Townsend on the Yellow Fever of New York, pp. 249–252.
†Vide Ibidem, pp. 247–9.

3. In the most virulent epidemics, at least *one half* of those attacked by yellow fever die: when less than that proportion is reported, we may believe many cases have been enumerated as yellow fever which *are not yellow fever;* or that the disease assumes an uncommonly mild form.

4. When an infected district is once formed, the infection spreads slowly and gradually from one or more points, or radiating centres, until it pervades the principal parts of such city or port. In its progress it advances steadily, regardless of promenades, burying-grounds, compact or open squares; over sewers, cist-pools, clean or filthy streets, and in wet or dry weather; it pursues its retreating victims to their farthest retreat, provided they have contracted the seeds of the disease, or breathed the concentrated infection.

5. During an epidemic the virulence of the infection is *more active by day* than at night, and exposure in the infected district is more dangerous at noon-day than at night. Night-watches are more exempt, *ceteris paribus*, than the day-watch, from the attacks of the disease.*

6. Common city filth *has no agency whatever* in generating yellow fever epidemics; on the contrary, it is calculated to absorb or neutralise the infection.† Scavengers and grave-diggers have always been more exempt from attacks of this disease than others.

7. Lime as a *prophylactic*, or a *disinfecting agent*, is *useless if not prejudicial*. Those engaged in spreading lime in cities have been more frequently attacked by the disease than the scavenger. In New York in 1822, the yellow fever spread much more rapidly in Lombardy and Cheapside street; *after* lime had been spread in them, than previously.

8. Next to blankets, feather-beds, and other similar porous articles, *wood*, such as plank, boxes, ships, wooden houses, &c., retain the greatest amount of *latent infection*. Hence yellow fever prevails most malignantly among crowded wooden buildings,‡ board-fences, temporary sheds, wharf-boats, &c., all of which retain the infection until it is neutralised by cold or frost.

9. That yellow fever is a peculiar disease; a fever of only one par-

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*See Townsend on Yellow Fever of New York, pp. 252-253.

†Idem, p. 116.—See Dr. Rush's Inquiries.

‡The following facts stated by Dr. Bayley, in relation to the tenacity, with which fætor from putrescent animal matters adheres to the wood and timbers of ships, will in some degree aid in illustrating the tenacity with which yellow-fever infection adheres to wooden houses, boxes, &c., viz:

"I have often noticed that those vessels loaded with hides and jerked beef which was partly damaged, and where the timbers and ceiling of the vessels became tainted, especially in the hold, the offensive smell has often been removed for the time, by being well ventilated and scrubbed with water:—but afterwards, upon the application of whitewash to the planks, *the offensive smell has been reproduced to a much greater degree than it was at first.* A second white-washing with lime, after the foul smell had again disappeared, again *renewed the putrid effluvia.* This would be produced in a decreasing degree for several times until the vessel was entirely purified." See Townsend on Yellow Fever of New York, pp. 94, 285–321.

This effect was produced by the chemical action of the lime, disengaging the putrid matter absorbed by the wood in a latent state. In the case of the brig Enterprise before cited, infection seems to have been absorbed by her timbers in the same way. The same action may be exerted upon the infection of yellow fever.

oxysm, varying from one to three days before the remission and collapse; and that it is radically different in its character from the whole family of remittent fevers."

A Lecture on the Morbid Effects of Intemperance on the mind; delivered to the Physiological Temperance Society of the Medical Institute of Louisville. By Daniel Drake, M. D., President of the Society.

This lecture embodies the deplorable consequences to the intellectual and moral faculties of intemperate drinking, and it, therefore, deserves to be carefully read. The following are the Lecturer's concluding reflections, the truth of which the thoughtful reader will at once admit, and he will, we trust, do his best to disseminate them through the community and impress them deeply in the public mind.

1. Of all known physical agents there is not one which perverts and enfeebles the mind so certainly and seriously as alcohol.

2. It is worthy of notice, that it excites the evil passions more than the good, rousing many of them to the degree which moves the individual to the perpetration of acts at which he would once have shuddered.

3. From the shattered condition of the drunkard's external senses, the failure of his memory, and the vividness of his imagination, his testimony as a witness should always be received with hesitation, and not confided in till it has been subjected to a rigid scrutiny. Hence, when a drunkard is introduced into a court of justice, it ought to be lawful for the opposing party, to invalidate his credibility, by showing his intemperance.

4. To bring about mental desolation even to and including delirium tremens, it is not necessary that the individual ever should have been intoxicated. Habitual drinking, below the point of drunkenness, will produce the whole. Let it then be proclaimed from the house-top, and made known to all the world, that habitual drinkers and drunkards belong to the same class—obey the same appetite and travel the same path. They are but unequally advanced upon it. The drunkard was once a temperate drinker—the temperate drinker may soon become a drunkard.

5. God has declared drunkenness a sin, and pronounced that the drunkard shall not be saved if he die impenitent. This decree is not arbitrary, but obviously founded on two immutable facts—1st. That the drunkard has *voluntarily* destroyed his moral and intellectual faculties; and thereby disappointed, as it were, the end for which he was designed. 2d. That in this state of mental and spiritual desolation he could not enjoy Heaven if admitted, unless God miraculously changed his moral tastes.

Annual Announcement of the Medical Department of Transylvania University, for 1842–3.

The following is the Faculty in this flourishing school of medical instruction together with some other matters which may be interesting to those who may think of resorting to it for education.

Benj. W. Dudley, M. D., Professor of Anatomy and Surgery;
Jas. C. Cross, M. D., Professor of Institutes and Medical Jurisprudence;
Elisha Bartlett, M. D., Professor of Theory and Practice;
Wm. H. Richardson, M. D. { Professor of Obstetrics and Diseases of Women and Children;
Thos. D. Mitchell, M. D. { Professor of Therapeutics and Materia Medica, and Dean of the Faculty;
Robert Peter, M. D., Professor of Chemistry and Pharmacy;
James M. Bush, M. D., Adjunct Professor of Anatomy and Surgery.

The cost of a full course is $105, payable in advance, in the notes of good and solvent Banks of the States in which the pupils respectively reside. Before procuring the usual tickets for the course, each pupil must obtain the Matriculation and Library ticket, the cost of which is $5, and in virtue of which he has the use of the best Medical Library in the West. This fee is required to be paid in *par* money.

All persons who have attended two full courses of Lectures in this Institution, and all Graduates in Medicine, either of this school or of any other which reciprocates the favor, are admitted to the lectures, on payment of the fee of $5, as aforesaid, for the Matriculation and Library ticket.

The ticket for the Dissecting Department costs $10, and may be taken or not, at the pleasure of the pupil. It is earnestly recommended, however, in consequence of the utility of dissections, as every where conceded, that the ticket be taken at least for one session.

The graduation fee is $20, par money; and the rules and terms of graduation, the same as heretofore.

Comfortable boarding and lodging can be had at prices varying from $2 to $3 per week.

Letters addressed to the *Dean*, (post paid,) seeking further information, will be promptly attended to.

☞At a public commencement, held in the New Medical Hall, Transylvania University, on Friday, March 10th, 1843, the Degree of Doctor of Medicine was conferred on the following gentlemen, who had undergone the usual examinations, having previously submitted Theses, on the subjects annexed to their names:

Allen, Jos. F.—*Milk Sickness.*
Baker, C. M.—*Typhoid Fever.*
Baker, W.—*Pericarditis.*
Beaumont, Thos.—*Yellow Fever.*
Bennet, Elijah—*Puerperal Fever.*
Boyd, M. W.—*Climate.*
Boykin, J.—*Intermittents.*
Bronaugh, G. W.—*Endermic Medication.*
Clopton, J.H.—*Uterine Hemorrhage.*
Crumbaugh. F.—*External Medication.*

Darneal, W. S.—*Intermittents.*
Devore, Jas A.—*Scarlatina.*
Downing, A. T.—*Uterine Hemorrhage.*
Evans, G. Trotter—*The Blood.*
Ewing, Fayette C.—*Theses.*
Fields, Henry, Jr.—*Apoplexy.*
Franklin, J. H.—*Gonorrhœa.*
Gaither, W. N.—*Hydrocele.*
Gambrell, J. N.—*Lobelia Inflata.*
Gary, T. B. R.—*Pneumonia.*
Graybill, Tully—*Uterine Hemorrhage.*
Greene, Isaac N.—*The Bandage.*
Hamilton, P. H.—*Inflammation.*
Harris, W. J.—*Inflammation.*
Harrison, Rich'd—*Inflammation.*
Heath, Jno. O.—*Bilious Fever.*
Heidelberg, Geo. F.—*Intermittents.*
Henry, J. P.—*Medical Systems.*
Henry, N.—*Typhus Fever.*
Jones, E. H.—*Drunkenness.*
Jones, E. T.—*Medical Phylosophy.*
Kyle, James—*Ovarian Disease.*
Laurence, M. J.—*Fever.*
Lenoir, W. B.—*Laryngitis.*
Lester, Thomas—*Pervigilium.*
Lyman, C. N.—*Dysentery.*
McBrayer, E. W.—*Physical Education.*
McClure, L. H.—*Fever.*
McDaniel, Rob't—*Hepatitis.*
Meade, Thos. T.—*Canine Madness.*
Meyer, John M.—*Bloodletting.*
Myles, Wm.—*Prescriptions.*
Porter, R. H.—*Phthisis Pulmonalis.*
Price, Johnson—*Dysentery.*
Read, Francis S.—*Eupatorium Perfoliatum.*
Richardson, D. A.—*Syphilis.*
Sartor, D. R.—*Medical Ethics.*
Snell, C. B.—*Fever.*
Spencer, R. M.—*Dysentery.*
Spragins, F. B.—*Tetanus.*
Stringfellow, T.—*Vital Principle.*
Strong, H. L.—*The Surgeon.*
Taylor, Hubbard, Jr.—*Scarlatina.*
Tompkins, A. M.—*Hepatitis.*
Walton, Isaac A.—*Syphilis.*
Williams, Jno. W.—*Systems of Medicine.*
Wilson, B. F.—*Congestive Fever.*

At the same time, the honorary degree of M. D. was conferred on the following gentlemen, viz:

Dr. John H. Blue, of Missouri; Dr. Thos. W. Harris, of Tennessee, and Dr. S. E. Leonard, of Indiana.

Recapitulation.—Kentucky 22, South Carolina 12, Alabama 5, Missouri 4, Mississippi 3, Georgia 3, Tennessee 3, Indiana 2, Virginia 1, New York 1, Ireland 1.—Total 60.

A Lecture on the best mode of discouraging Empiricism: delivered before the Ohio Medical Lyceum. By John P. Harrison, M. D. Professor of Materia Medica in the Medical College of Ohio.

The Professor deplores the evils of empiricism as an honest and enlightened man should, and throws out some sensible suggestions for its discouragement. These, however, will, even if practically enforced, prove, as they have heretofore, ineffectual. Two causes contribute more than all others to encourage and perpetuate quackery. These are the mystery in which it is believed the practice of physic is involved, and the imbecile credulity of the public mind in regard to the arrogant and unfounded pretensions of impostors. When the former has been believed by such men as

Voltaire, Moliere and Rousseau, we should not be surprised that the mass of mankind cannot rid themselves of the delusion, and in regard to the latter, when an eminent Dublin lawyer could declare that St. John Long's liniment, which, it was said never reddened the skin, except over the exact spot where the disease was situated, drew nearly a pint of water from his head, and Lord Ingestre testified that it extracted quicksilver from his brain, we need not expect that common and vulgar minds will discredit the most extravagant and impossible accounts of the curative powers of quack remedies. But it is useless to enlarge further on this topic as the evil complained of, we look upon as not only incurable, but almost unmitigable. The author is assailing a hydra-headed monster—should he succeed in lopping off a single head, a dozen will start up in its place; and besides finding his efforts wholly ineffectual, he will ultimately abandon the Quixotic enterprise under the consolatory assurance that he has rendered himself obnoxious to the charge of selfishness, and the community in which he lives will take special pains to let him know that he has, by his hostility, extended the dominion of empiricism. This is the full amount of sympathy which the public feels for such upright exertions, and it can only be likened with propriety to that which the tossed dog feels for the bull; the worried cat for the dog, or the clerical consolation which the criminal receives at the foot of the gallows.

The Bulletin of Medical Science. Edited by John Bell, M. D., etc. etc.

Our readers already know that the public has been furnished for several years by Dr. Bell in his *Select Medical Library*, with the most recent and valuable foreign medical literature at very inconsiderable cost, at least when compared with the prices commonly given for such works as he has republished, when they have appeared in a separate form. We have had, on former occasions, good reasons to commend the industry and abilities of the Editor, as well as to notice in flattering terms the enterprise of the publishers Messrs. Barrington & Haswell, and now we are called upon again to direct attention to the new effort that is being made to enhance the value of *the Select Medical Library and Bulletin of Medical Science.*

The *Bulletin of Medical Science* has heretofore been dedicated

to the revision and condensation of periodical medical intelligence, but the space given to this object was too limited to keep its readers informed of the almost daily changes, if not improvements, that are going on in the science; besides it appeared at too distant intervals to be of much service to those who are in the habit of consulting the emanations of the weekly and monthly press, therefore, it has been considerably enlarged; it is to appear monthly, and will be sent separately at one dollar *per annum* to those who may not think proper to take the *Select Medical Library*, or it will be supplied to the subscribers to the latter, the price of which is five dollars *per annum*, without any additional cost.

"By this arrangement," remarks the Editor, "all desirable and instructive, freshness and variety of medical news of the day,—embracing discoveries and improvements in practice, and ethical and educational reforms, can be communicated so as to enable the reader to add to the substantial stores of his 'Library,' the seasoning and piquancy of Journalism."

MONTHLY PERISCOPE.

On Phthisis Pulmonalis.—[A work on Morbid Anatomy, by Dr. Rokitansky, a German writer of some celebrity, is noticed in the last No. of the British and Foreign Medical Review, from which we copy the following on Pulmonary Consumption:]

Phthisis Pulmonalis.—The section which Rokitansky has devoted to pulmonary phthisis is one of the best of the volume; it is so good that, though the subject may be thought by some to have been long ago exhausted, it merits a careful abstract. Of tuberculous disease of the lungs he says, there are two distinct forms, namely, interstitial tubercular granulation, and tubercular infiltration or infiltrated tubercle. In the latter the morbid substance is effused in the air-cells themselves, in the former in their interstices.

The tuberculous infiltration is "hepatization by a tuberculous product." An ordinary croupous or plastic pneumonia deposits its usual product; and this, under the influence of a tuberculous diathesis, instead of being absorbed or becoming purulent, passes through various discolorations, and is metamorphosed into the yellow tubercle; in other words, it is tuberculized. The several stages from the fibrinous to the tubercular matter may be distinctly traced.

The infiltration may be *general*, or, as it is much more commonly, *lobular*, or *vesicular*, and this last is Bayle's pulmonary granulation. (?) It is, however, a rarely primary form; but occurs usually in advanced stages of the granular tuberculosis. It indicates a phthisis which has run a tumultuous, acute course, with frequent attacks of pneumonia. It occurs especially in young subjects, and is always accompanied by enlargement and tuberculous disease of the bronchial glands.

The tubercular granulations may be deposited either singly or at greater or less distances, or in groups; and this *grouped* form is always to be distinguished from the *confluent* variety, in which all the single granulations are closely set together. The tubercular granulation, in any of these forms, appears first, either as the gray obscurely-transparent mass, of the size of a millet or hemp seed; or (as in many cases of acute tuberculosis,) as a granule smaller than a grain of sand, clear, transparent, and like a vesicle; or, in an intense degree of the tuberculous diathesis, it may be deposited at once as the yellow tubercle. In which ever form it occur, its outlines are never sharp, though they seem so; for little processes may be traced from them into the surrounding tissue.

The granulations thus formed gradually coalesce, and this occurs most quickly when they are from the first arranged in groups. In this state they form a mass of any shape or size, completely overwhelming the pulmonary tissue, which can be traced in it only by its infiltrated black matter, and a few blood-vessels; but they are still quite distinct from tuberculous infiltration.

The tubercles in the lungs undergo the same peculiar metamorphoses as in other organs, passing through the state of softening to the formation of the cavity or vomica. Each discrete gray granulation softens from its centre, which becomes turbid, more opaque, and friable, and at last fluid. The groups present similar softenings at the centre of each of their component tubercles. From the former results a small ulcer; from the latter, when all the tubercles have gone through the same process, a larger ulcer or cavity; and Rokitansky dwells particularly on the mode in which these cavities enlarge.

The cavities thus formed, he says, spread by the successive changes of tuberculization, softening, breaking down, and removal of their walls in a regular eccentric progress; and when these go on rapidly the wall of the cavity consists of nothing but pulmonary tissue infiltrated with tubercle. As they approach, the cavities coalesce, and communicate by sinuses or apertures of various size, or all are laid into one.

But in a slower progress of the disease a more healthy inflammation is set up around the cavity. Albuminous, grayish-white, or reddish product is deposited, which closes, and ultimately produces a wasting of, the air-cells. It may be converted into a grayish or blackish layer of dense and rough cellular tissue; and it may be either persistent, or may have tubercles formed within or beneath it, and breaking through it. At the same time also with this effusion without the cavity (which constitutes the *infiltration tuberculeuse gelatiniforme* of Laennec,) albumen is effused in a layer of soft false membrane within it. But this is probably repeatedly thrown off as tuberculous matter collects beneath

it, breaks through it, and carries it away with the pus of the cavity; and it may be assumed that in accordance with improvement or deterioration of the patient's health, and as the disease tends towards cure or towards increase, so either this albuminous product or tubercle is produced upon the walls of the cavity.

But in certain cases these albuminous effusions, which are always indications of curative processes, proceed to a proper cure. And they are not the only modes in which tuberculous disease may be brought to a favorable conclusion; for in several distinct circumstances its progress is arrested. 1st. There may be a callous degeneration of the tissue around the cavity, or the formation of a membrane within it like a serous or a mucous membrane; the former being usually found when the disease is tranquil, the latter when there is much irritation. 2d. The cavity may completely cicatrize, its walls gradually falling in and uniting, with obliteration of the bronchi, and sinking in of the surface of the lung, and perhaps of the wall of the chest also. 3d. The cavity may, after partially shrinking, be filled with chalky matter from the metamorphosis of some remaining tubercle. 4th. In the place of the cavity there may be produced a large callous mass of tissue, like that of cicatrices. Or, 5th. The tubercle may not proceed to the formation of the cavity, but being arrested in its earlier progress, may diminish in size, and be changed into a gray or dirty-white mass of chalky matter, and at last into a hard concretion; changes which may ensue in either the granular or the infiltration form. And, lastly, at a still earlier stage, the tubercle being arrested in its progress may retrograde and become *obsolete*, shrivelling into an opaque, bluish gray, cartilaginous knot, which is indisposed to any further metamorphosis.

Thus, in any stage of its progress, the tuberculous disease may be arrested, and either removed or reduced to a state of inaction; and where, as is rarely the case, these changes occur in all the tuberculous matter that has been deposited, and the diathesis is wholly remedied, the cure of the disease is complete.

Such is Rokitansky's general account of the ordinary progress of pulmonary tuberculous disease, considered independently of its effects on adjacent tissues. It is in nearly every respect exactly accordant with our own observations, and is certainly clearer and more complete than any yet published. His account of the accidents and associated phenomena of the disease is not less praiseworthy. He says rightly that only large bronchial tubes open into cavities, the small ones being closed by the secondary tuberculous deposits around and within them, and by the swelling of their mucous membrane. The openings into them, when recent, are always ulcerated, oblique and abrupt; but when the wall of the cavity becomes callous they acquire a smooth edge of tough mucous membrane, which they retain permanently, or till, as is rarely the case, they are obliterated. He points out tubercular infiltration as the most frequent precedent of perforation of the pleura; and this result is favored by the frequency with which it occurs, especially at the surface of the lung, and the rapidity with which it is apt to break down and become fluid before adhesions are produced over it. In these, as well as in other cases of perforation, he well describes how

the pleura is first distended by the air passing into the cavity, till, having been raised like a small bladder on the surface of the lung, it bursts, or dies, and is thrown off, or else sloughs, being involved with a small adjacent portion of the lung in gangrene.—*Bost. Med. & Surg. Journal.*

Phenomena accompanying the Generative Act.—Besides the essential phenomena, of impregnation, there is a series of accompanying phenomena, reflections, as it were, in other organic systems, which play a secondary part in the generative act. To this series may be referred those occurrences which have their ground in a participation of the nervous system, and which accompany, in an especial manner, the sexual act. The nerves of common sensation appear to be always in a state of high excitement during the sexual act; an intense feeling of enjoyment is experienced, which reaches its height at the instant of the emission or ejaculation; this ejaculation is itself a reflex-action, excited by irritation of the sensitive nerves of the penis. It is the result of two movements; namely, of the persistent contraction of the organic muscular fibres of the visiculæ seminales, and of the repeated periodical contraction of the animal muscular fibres of the ejaculator seminis and other perineal muscles. In saying that the act of emission is a reflex-action, it is understood that the sensory nerves of the glans penis transmit a peculiar sensation to the brain and spinal cord, and these reflect the impression upon the corresponding muscular parts of the genital system: the scrotum is drawn up tight round the testicles, the vesiculæ seminales and prostate are compressed by the levatores ani, and the spasmodic rhythmical contractions of the perineal muscles, particularly the bulbo-cavernosi, effect the vigorous ejaculation of the spermatic fluid. This occurs only during the complete erection of the penis, by which it is fitted to penetrate, more or less, into the vagina.

In the two sexes, the act of coition is attended with pleasurable sensations, but their respective share in the act is different. In the female, the sense of pleasure seems chiefly to be excited by friction of the labia externa and elitoris, which are in a state of turgescence or erection; this excitement, as in the male, often reaches such a degree of intensity as to induce a kind of syncope. The impression made is also reflected on the nervous parts of the internal organs of generation, one effect of which is probably dilatation of the os uteri for the reception of the spermatic fluid. In the female, however, there is no expenditure of nervous power, no energetic rhythmical muscular contractions, when the venereal excitement has reached its height, and no emission of semen; but merely an increased secretion of mucous from the follicles of the vagina, excited by the impressions on the sensitive nerves of the female sexual organs, and serving to lubricate the passage. The man feels exhausted after the act; the woman does not. Whence it may be inferred that the sensitive excitement of the woman is neither so rapidly rendered intense, nor so rapidly depressed, as that of the man: this conclusion accords with the fact, that women bear frequent sexual intercourse better than men, and are much less frequently injured by sexual excess.—*Medico-chirurgical Review.*

Report of the French Academy on Vaccination for the year 1840.—During the year 1840, 836,789 births took place, and of this number 525,509, or five-eighths, were vaccinated, leaving three-eighths unprotected from the contagion of small-pox. Particular reports were only received for 45,060 of these cases of vaccination, and of that number, 44,179 took the vaccine disease perfectly, whilst in 881 cases the vaccination failed. From this it appears, that rather more than a half of all those born during that year remain unprotected from the contagion of small-pox. In two cases, vaccine eruptions appeared over the body, and the fluid from the vesicles produced the true vaccine disease in those who were inoculated with it.

Epidemic small-pox attacked 14,470 individuals during the year 1840, of whom, 1,390 were disfigured or left with broken down constitutions, and 1,668 died. Twenty-four cases occurred of a second attack of small-pox, and of this number three died.

Few of those who had been long since or recently vaccinated took small pox. A few were affected with a varioloid eruption or with modified small-pox, generally of short duration however, and mild. Of 406 persons who had been previously vaccinated, and were attacked with this varioloid eruption, only six died, or more properly only four, as two died from other causes than this disease, giving the extremely small proportion of one death out of 101 who took the varioloid disease.

2,214 individuals were re-vaccinated, and of this number, 1,704 failed, 227 had imperfect vesicles, and 270 perfect vesicles of the usual appearance. Three of those who were revaccinated with success took the varioloid disease.

The following conclusions were adopted by the Academy:

1. Vaccination preserves from small-pox. This preservative power is not unlimited for all individuals, as a certain number remain still exposed to an eruption known by the name of the varioloid disease.

2. This eruption, though of the nature of small-pox, is in general mild, and free from danger. During the year 1840, of those affected with the varioloid disease there only died in the proportion of 1 in 101, whilst small-pox cut off 1 of every 8½.

3. A first vaccination destroys the aptitude to take the vaccine disease a second time, in the same way as it does that of small-pox. There are, however, certain individuals in whom the aptitude to take the disease returns after a certain time. The same is true of individuals who have had small-pox, who will take vaccine disease in a regular manner; but it cannot be concluded from this that these individuals would have taken small-pox.

4. The most perfect vaccination cannot be held as guarantee that all, without exception, are perfectly defended from the chances of taking small-pox.

5. In general, small-pox attacks an individual only once during life. There are, however, individuals who are liable to a second attack, which may be as severe as the first.—*Bulletin of Med. Science, from Bulletin de la Academie de Medicine,* April, 1842.

Syphilitic Eruptions.—M. Jolly presented a report to the *Academy of Medicine*, Paris, on a memoir by M. Gibert, on Syphiltic Eruptions.

The question proposed by the author is—are these diseases always secondary? Are they never primary? To answer it he examines all the doctrines and facts recorded on the subject, and concludes that syphilitic diseases of the skin are invariably, the consequences of a primary venerial infection.

Having combatted the ideas of M. Ricord, with respect to inoculation, the author proceeds to describe syphilitic eruptions, which he divides into eight species, distinguished by their external characters.

M. Gibert recommends a constitutional treatment, and gives a preference to mercurial preparations, in favor of which the best authors are united.

In answer to the objections of M. Gibert, respecting inoculation, M. Ricord observed that he was about to present the academy an interesting preparation, but would first allude to a subject which so nearly interested him. To prevent repetition he would enounce the following propositions:

No secondary symptoms, and consequently no syphilitic diseases of the skin, can occur without having been preceded by chancre.

If, to admit the existence of chancre, we require the presence of a certain number of external appearances—the characters denominated *Hunterian*—there is an end to all science on the subject. The specific character of chancre does not exist in the form, color, base of the ulcer, &c., but in the nature of the pus, which it secretes, and which may be determined by inoculation.

On the other hand, if the existence of chancres is to be denied unless the ulcer be seen, we are compelled to deny the possibility of their existence in situations where the eye cannot penetrate; in the urethra, for example, and in the vagina or neck of the uterus, before M. Ricord succeeded in introducing the use of the speculum as a means of diagnosis in these disorders. It must be remarked, that the occurrence of chancre of the urethra is rare in proportion to the distance of the part attacked from the meatus urinarius. The question of the bubo *d'emblee* which, at first sight, seemed to contradict the doctrine of M. Ricord, only confirms it.

This species of bubo never contains pus capable of being inoculated; or, if the pus be of this nature, it will be found that the bubo was always preceded by chancre, either apparent or masked. An interesting fact recently occurred confirmatory of this assertion. An *interne* of the Venereal Hospital had a bubo which he thought to be one of this species, and as the pus discharged by it was not inoculable, he considered the fact irreconcilable with M. Ricord's theory. On examining the urethra, however, carefully, he found a deep-seated chancre within the orifice of the urethra.

After these few remarks M. Ricord showed the preparation already alluded to. It was taken from a patient at the Venereal Hospital, who labored under a gonorrhœa which resisted every species of treatment. A fistulous abscess opened in the perineum. The patient was afterwards attacked by phthisis and died. The lungs were filled with

tubercles, and the whole of the canal of the urethra contained numerous ulcers of a tubercular nature. The prostate gland, also, contained a great number of tubercles.—*Med. Examiner, from Lond. Prov. Med. Jour.* January 14.

Cause of Caries of the Teeth.—Prior to the appearance of the first edition of Mr. Robertson's treatise, in 1835, the prevailing opinions concerning caries of the teeth were those of Fox and Bell; the former maintaining that the disease consists in an inflammation of the bony substance of the crown of a tooth, which secondarily affects the lining membrane of the organ, causing its separation, and a consequent decomposition of the solid parts; the latter insisting that caries commences in inflammation of the bone immediately under the enamel, from which, he says, the tooth, owing to its imperfect vitalization, cannot recover, and death and decay are the consequence.

Mr. Robertson, on the other hand, maintains that the remote cause of destruction of the teeth is the decomposition of food which lodges in the interstices between them.

The inflammatory theory, then, is to the effect that the teeth decompose by vital action, commencing in their interior, and proceeding to their surface. Our author's theory is exactly the opposite, namely, that decay begins by chemical action upon the surfaces of the teeth, and proceeds to their interior, and that inflammation is the consequence, and not the cause, of caries. His arguments are chiefly derived from the fact, that the teeth decay only in such situations as are favorable for the lodgment and decomposition of food, and never upon their smooth and even surfaces; from their decaying in pairs, and at particular periods of life; from the ready relief which filling and filing afford, if decay be not too far advanced; from the disease commencing externally and proceeding inwards, and never conversely; and from the circumstance, that artificial teeth are liable to the same species of destruction as natural ones.

These arguments we apprehend to be perfectly sound, and in accordance with the rules of common sense and experience; for we cannot imagine a disease, which owes its orign and progress to inflammation, to be susceptible of alteration or cure by means which, of all others, are most calculated to contribute to such action. But when the cause is purely chemical, and owing primarily to a defect of structure, it is not irrational to suppose that mechanical treatment will arrest or remedy it. It is on this ground that we think the practical application of Mr. Robertson's theory particularly valuable. Believing, as he does, that inflammation is not the cause of caries, but the consequence of it, and dependent upon the influence of atmospheric and other agencies upon the lining membrane of a tooth, he urges the necessity of removing any decay that may be apparent, *before the occurrence of pain;* for after its commencement there is little hope of a permanent remedy. He insists upon the propriety of constantly using a tooth-brush, so that any particles of decomposing food may be removed; and of an occasional inspection of the teeth by a dentist, that any lurking decay may be arrested. He tells us that these suggestions have wrought a

considerable change in his own practice—that people now apply to have teeth removed in consequence of its ravages; and he maintains that, if this plan were universally acted upon, tooth-ache would be comparatively unknown, and the organs would be preserved in beauty and usefulness to the remotest period of life.—*London Med. Gaz.*

The Theory of Cells.—Modern physiology is rendering it probable, that not only every tissue of every plant and animal, but the secretions and other products of organised beings, are formed by the spontaneous evolution of transparent vesicles, or cells full of fluid, containing the germs of future cells, which are subsequently formed within them, possessing a power of absorption by which they increase through appropriating matter from without, and of transformation, both with respect to their own form, and of these absorbed materials; and that it is by the living power of the cells that the nutrition and reproduction of the tissues goes on, in short, that all those changes are effected by which we recognise the presence of life. The beauty and simplicity of this theory are unsurpassed. It seems to mark a new era in physiology. and the evidence in its favor is such as almost to make it rank among the established facts of science. As regards reproduction, while the lowest organised being (as the yeast-plant) consist but of a single cell, by the multiplication of which they increase and are propagated; so we conclude that while in them the simplest expression of a living being in a cell, the same holds true with respect to the higher ranks of plants and animals, and even man himself. That the embryo is formed by the union of two simple cells, which include within them, not actually, but potentially, the future being; that is, which have within themselves a living energy, capable of successfully forming the parts of such a being, from the nutritive materials absorbed from without; and thus, that *organised life*, that which man possesses in common with plants, is identical with the powers of the microscopic elementary cells of which his body consists. The bearing of this theory on pathology tends to show that many diseases may arise from a perverted state of the vital actions of cells; and that others, *porrigo* for instance, evidently depend on the formation of abnormal cells, putting on the aspect of organised beings of the lowest class. The subject is one of extreme interest and practical importance.—*London Lancet.*

The Theory of Cells opposed.—The Structure of Fibrinous Exudations, or False Membranes; Origin of Fibre.—It has been commonly supposed that fibrine exhibits an organised appearance only when it has coagulated in contact with the living textures. In his Notes and Appendix to "Gerber's Anatomy," Mr. Gulliver has depicted a distinct structure in fibrine which has set either within or out of the body, simply from *rest;* and a similar character is shown in a false membrane. He now gives several more figures to exhibit the analogy, in structure, of fibrine coagulated merely from rest, and fibrinous exudations resulting from *inflammation.* This structure is made up of fibrils of extreme delicacy and tenacity, and of corpuscles possessing the character of primary cells, or organic germs.

Of late years the origin of fibre, as well as of all other tissues, has been ascribed to the growth of cells; but these observations of Mr. Gulliver render it probable that cells are not essential to the formation of all textures, since it would appear that fibrils, which may be the primordial fibres of certain parts, are formed, in a few minutes, by the simple act of *coagulation* in fibrine.

M. Gerber (Gen. Anat., figs. 16–18,) has delineated what he terms the first, the second, and the complete stages of *fibrillation*, in the progress of organization in the fibrine composing coagulable lymph; but he does not say how much his drawings are magnified, though in some of them a very low power must have been employed. Others are sufficiently enlarged to show the cells from which he says the fibres are formed, and this is precisely the point on which Mr. Gulliver says that his observations are at issue with the views now generally entertained concerning the origin of fibres.

"All the organic tissues, says Dr. Schwann, "however different they may be, have one common principle of developement as their basis, viz., the formation of *cells;* that is to say, nature never unites molecules immediately into a fibre, a tube, and so forth, and she always, in the first instance, forms a round cell, or changes, when it is requisite, the cells into various primary tissues, as they present themselves in the adult state."—(Wagner's Physiology, by Willis, p. 222.)

"How," continues Mr. Gulliver, "is the origin of the fibrils which I have depicted in so many varieties of fibrine to be reconciled with this doctrine? And what is the proof that these fibrils may not be the primordial fibres of animal textures? I could never see any satisfactory evidence that the fibrils of fibrine are *changed cells;* and, indeed, in many cases the fibrils are formed so *quickly* after coagulation, that their production, according to the views of the eminent physiologist just quoted, would hardly seem possible; nor have I been able to see that these fibrils arise from the interior of the blood-discs, like certain fibres delineated in the last ingenious researches of Dr. Barry." Such are the remarks of Mr. Gulliver in his "Contributions of Minute Anatomy," in the number of the "Lond. and Edinb. Philos. Magazine," for Oct. 1842.—*London Lancet.*

Lancing the Gums in Stridulous Convulsions.—To the Editor—Sir: nearly four months ago you published a statement of mine describing the treatment adopted by Dr. Marshall Hall in a case of stridulous convulsions occurring in one of my children. You also published a former statement in which I endeavored to show that nearly all my children have been affected, more or less, with the same complaint, which had baffled the skill of all the medical men whom I had consulted on the subject, and had proved fatal to three of my family.

The means resorted to by Dr. Hall in my last child were fully explained by himself in The Lancet of the 9th July, and since commented upon by several correspondents, and, in particular, the frequent lancing of the gums. I cannot discuss the subject with professional men, but for the benefit of other children who may be afflicted like mine, I think it right to make known that the plan proposed by

Dr. Hall has been persevered in with the child up to the present time (altogether during six months,) and with eminent success. The child has had no return whatever of the crowing spasms, has grown healthy, has a mouthful of teeth, runs alone, and though not a large or robust child, is every thing else we could wish. He is still supported entirely at the breast. The gums continue to be lanced occasionally, and though the operation is always accompanied with cries, smiles soon follow, showing that the inconvenience is but temporary, and with all affection for my children, I would rather have his gums lanced every day of his infantile life, than expose him to a return of one of those dreadful spasms and destructive convulsions which I have so often unhappily witnessed as the result of the complaint in question, and I am happy to express my gratitude to Dr. Hall for having found a successful mode of treatment for that which I had been led to believe, and experience had almost convinced me, was irremediable. I am, sir, your obedient servant. W. H. Grey.

South Lambeth, Nov. 1, 1842.—[*London Lancet.*

Great Utility of Opium in certain Cerebral Affections.—In our last Number—Foreign Periscope—we gave a somewhat elaborate account of a series of papers, by M. Forget, on an epidemic of meningitis which occurred recently at Strasbourg. By referring to that article, our readers will perceive that, from the very showing of the author himself, we are inclined to differ very materially with him in the general conclusions to be drawn from the whole report. We endeavored to prove that the character or type, so to speak, of almost all febrile diseases, when they occur as epidemics, is very generally more or less modified from that exhibited by them in sporadic cases; and we at the same time hinted our opinion that the epidemic, of which M. Forget treats, should be regarded rather as a fever with marked cerebral symptoms, than as a genuine meningitis.

We are glad to find that we have been anticipated in these views by several of the writer's own countrymen; for, on looking over one of the recent Numbers of the Revue Medicale, we find some valuable observations on the epidemic in question by M. Chauffard of Avignon, where, as well as in several of the northern parts of Italy, the disease prevailed at the same time as at Strasbourg.

M. Chauffard, persuaded by a variety of circumstances—such as the simultaneous invasion of many persons in different localities, by the gravity of the symptoms and their intractable resistance to the ordinary methods of treatment, that the disease was not a simple meningitis, as supposed by M. Forget, but was really depending upon some specific, although unknown, cause—set himself with much assiduity to compare the results of different modes of treatment. The most powerful antiphlogistic and revulsive remedies were used in some cases; in others, emetics, purgatives, and contra-stimulants; and, in a third set, tonics and cordials were resorted to. Now all these methods, whether employed alone, or combined the one with the other, proved so unsatisfactory that the medical men often felt puzzled what to do. It was most melancholy to see young healthy patients sink, sometimes with-

in forty-eight hours, as if they had been struck with a poisoned shaft, and every means, that were tried, utterly fail in arresting the fatal issue.

At this time, M. Chauffard, having accidentally administered a dose of opium for the relief of some particular symptoms in a young girl, who was very seriously effected with the epidemic, was surprised to find that, instead of lulling his patient asleep, it had made her more wakeful, and had also diminished the retraction and the stiffness of the nape of the neck. On trying the remedy in other cases, he observed nearly similar results, and he found that in no case did it seem to increase the cerebral congestion, or to impair the energy of the vital energies. The following is the author's own statement:

"Whatever opinion we may form of its action, this one thing we know, that, when opium began to be regularly used in the treatment of that epidemic, the mortality certainly decreased, and the cures became more numerous in proportion as we became more bold in the administration of it. Every remedy failed without it; but with it almost every one seemed to succeed.....At first we could scarcely believe that the patient could bear with impunity such large doses of opium, and we were afraid of its being the cause of serious mischief. As most young practitioners are usually much taken with any thing that is novel and bold, my house-surgeon took upon himself, on several occasions, to give from three to five grains of opium to the patients, immediately upon their admission into the hospital. I frankly confess that I was myself rather apprehensive at first of such doses; and yet we never had cause to regret this decisive treatment.....The striking diminution in the mortality can not reasonably be ascribed to any natural abatement in the violence of the epidemic, if indeed there was any resemblance between the present one and that of the preceding season; for, in 1841, it made its first appearance in December, 1840, and it was in January that I began to exhibit opium, at first with caution, and gradually with more and more boldness."

The concluding remark of M. Chauffard is too important to be omitted. He says: "During the 23 years that I have been the physician to a large hospital, I have never seen any thing similar, nor any results in therapeutic medicine so much at variance with the ordinary principles of my practice:"—a most candid avowal, and therefore one that is the more valuable to be generally known.

It will be remembered that M. Forget admits that, after finding the ordinary methods of treatment prove most unsatisfactory, he derived unlooked for success in many cases from the exhibition of opium—vide the last Number of the *Medico-chirurgical Review*, p. 548. Perhaps it may be worth while to repeat a passage from his paper on the subject, as it will enable our readers to contrast his mode of treatment with that adopted by M. Chauffard....."After having combated, by the use of vigorous antiphlogistic remedies, the disease at its commencement, I observed that there was a tendency to certain nervous symptoms coming on, and I was induced to administer opium for their relief: in four cases out of seven, the troublesome phenomena vanished as if by enchantment. These results overthrow in some degree the classical ideas

which I had held respecting the action of opium. It is so generally admitted by the Broussaian school only,—that this medicine is not at all suitable in inflammatory diseases, more especially in those of the encephalon..... We regret that this inspiration had not come to us sooner; as we should have been enabled to make numerous applications of it in practice; but the relations of cause and effect have been, in the present instance, so obvious that, although usually very sceptical of all innovations in therapeutics, we do not hesitate to publish our observations as the expression, if not of a discovery, at least of a very fortunate innovation."

Truly, not a discovery! M. Forget, like too many of his countrymen, seems not to be aware that it is an established maxim in practical medicine to administer opium for the relief of that erethism or nervous excitement, which not unfrequently occurs in inflammatory diseases, after bleeding and other debilitant remedies have been employed for some time. Certain it is that, if under such circumstances the use of antiphlogistics be still continued and the system be not soothed, we may generally anticipate a most tedious convalescence, if not indeed a fatal issue.

But let us not forget to point out the marked difference in the treatment adopted by M. Chaffard at Avignon, from that pursued by M. Forget at Strasbourg. The former gentleman, when he had once been made sensible of the virtues of opium in the treatment of the epidemic disease—to which by the bye he gives the name of *cerebro-spinitis*—administered it freely from the very commencement of its invasion, and in large doses—from 4 to 9 or 10 grains in the course of the four-and-twenty hours—continuing its use in some cases for several weeks. Quinine and other tonics were often exhibited with great advantage at the same time.

When we had written thus far, we found that a discussion had taken place in the Academy of Medicine on this epidemic meningitis, or cerebro-spinitis, as it occurred at Nancy. M. Rollet, a physician of that city, had addressed a long report of his observations, and M. Ferrus was appointed to report upon it. When this report was read, some of the leading members of the Academy, as MM. Rochoux, Dubois, Roger-Collard, Bousquet, &c. delivered their opinions on the subject. Most of these gentlemen expressed their decided dissent from the conclusion of M. Rollet that the disease was a genuine inflammatory affection of the nervous centres and their membranes: they regarded it rather as a malignant fever, with marked cerebral symptoms. The following remarks of M. Roger-Collard so entirely coincide with our own sentiments as expressed both in the former part of this article and in the last number of this Journal, that we are tempted to extract them: they appear to have been received with very general approbation by the Academy.

"It is well known that the epidemic *genius* or constitution modifies in a very powerful manner of the type of most diseases, stamping upon their symptoms a peculiar character, and often most decidedly affecting their degree of curability. If we recognise the truth of this principle, we shall at once perceive that, in the case under discussion at

present, the malady was not a mere simple meningitis, but an epidemic disease *sui generis*, the seat and anatomical characters of which are only to be regarded as of accessory importance. We can thus readily understand how the physiognomy, so to speak, of the epidemic differed much in the different localities where it broke out; and why one mode of treatment may have succeeded in one place and not in another."

It is by attending to such considerations that the prudent physician will never allow his mind to be too much pre-occupied with any theoretical notions as to the seat or proximate cause of epidemic diseases, but will rather be guided by the symptoms of individual cases in the selection of the remedies that he employs. In one case, the loss of blood will be borne well and with advantage; in another, opium will be found to be by far the most valuable resource; and in a third, quinine will prove most useful.* Few physicians however will, we should think, be inclined to resort to the remedy suggested and employed by M. Rollet, viz: applying a red-hot iron along the whole length of the vertebral column, from the nape of the neck to the loins, so as to produce an eschar *au troisieme degre.* These Frenchmen are certainly strange creatures!: they seem to regard their patients in nearly the same light as a teacher does the black-board in his school-room—to draw diagrams upon.—*Med. Chirurgical Review.*

Suette Miliare.—Five of the departments of France, in different parts of the kingdom, were visited during the past year with this pestiferous disease, the sweating-sickness of English authors, which caused such ravages in England in the 14th and 15th centuries, but which is now happily banished from this country, and is even rare among our neighbors. In one part of the department Dordogne, out of a population of 82,200 persons, 10,400 were attacked by the disease, of whom 800, or one in thirteen perished. It was observed to rage mostly in marshy situations, and to be best treated in a manner similar to intermittent fever, viz: with quinine, and other tonics, taking particular care to interfere in no way with the march of the miliary eruption.—*Lond. Lancet, from Gaz. des Hopitaux.*

Elongated Uvula and Enlarged Tonsils.—Jas. Yearsley, Esq., a London surgeon, somewhat distinguished for his researches into the causes of deafness, has produced a treatise on *Elongated Uvula and Enlarged Tonsils*, which developes some important views. He points out the intimate connection between certain morbid conditions of the throat and ear, says the editor of the London Sun, and several imperfections of the voice and speech. Mr. Yearsley has established that when those parts are in a state of active inflammation, they may be excised with safety and even advantage, as there is scarcely any hæmorrhage. It is advisable, therefore, even in cases where it seems to be hazardous to perform the operation, not to hesitate a single moment, when the

*This subject the reader will find fully discussed in an article, in the 1st vol. of this Journal, entitled "*Hints on the Cultivation of Therapeutics*," by the Editor of the Medical Recorder.

condition of the patient is at all endangered by the delay. Mr. Yearsley conceives that a relaxation of the mucous membrane of the throat and elongation of the uvula, give rise to symptoms which indicate a pulmonary consumption. An incessant irritation produced by an elongated, pendulous uvula, produces cough, and, if long continued, may develope a disease of the lungs, especially in persons hereditarily disposed to that malady. The voice of singers is singularly influenced by the uvula; if too long, the character of the voice is immediately improved by snipping it off. Practitioners should look to that appendage often, since it may give rise to a multitude of formidable affections that might be removed instantly with a pair of scissors.—*Bost. Med. & Surg. Journ.*

MISCELLANEOUS GLEANINGS.

A fatal case of poisoning occurred, near Hudson, N. Y., last week, through the carelessness of a druggist, who sent a preparation of nux vomica to the family of a physician, Dr. Cleve, who gave a dose to his mother, and took another himself, and both died in consequence. Fifteen drops were given also to a patient, who was rescued by a timely discovery, and the administration of proper remedies. ——Recently Mr. Cæsar Hawkins operated, in St. George's Hospital, successfully for strangulated hernia, on a man 107 years of age. There is probably not a parallel case on record.——The claims of the lactate of quinine, which appear to have been known some time ago to practitioners, have somewhat recently found an advocate in Prince Lucien Bonaparte. Among its advantages over the sulphate, enumerated by the Prince, the chief seems to be its greater solubility.——The number of foreign physicians, now authorized to practice in Paris, amounts to 31. Within the last ten years only two or three permissions have been granted, in spite of the numerous demands addressed to the Minister of Public Instruction. —— Mr. Walker, a distinguished surgeon, died in London, on the 2nd of Jan., after a severe illness of four days. Mr. W. was, at the time of his death, one of the Surgeons of St. George's Hospital.——Dr. Louis, the celebrated Pathological Anatomist, has been promoted to the rank of officer of the Legion of Honor.——Dr. Joseph Frank, son of the illustrious John Peter Frank, died recently at Vienna. —— Drs. Abercrombie, Bright, Sir James Clark, Samuel Cooper, W. Gutherie, Marshall Hall, B. Travers, and W. Lawrence have been elected honorary members of the *Royal Academy of Medicine*, Paris. —— Since the early part of October small-pox has been common in

Boston, and it still continues to prevail with considerable severity. ——According to a Parisian journal, serious symptoms, and even death itself, had lately followed the administration of large doses of sulphate of quinine, in the hospitals.——Mr. Cæsar Hawkins, not long since, operated successfully for strangulated hernia, on a child seven weeks old.——We understand that, at a late meeting of the Royal Society, a paper, by Dr. Martin Barry, was read, announcing his discovery of spermatozoa *within the mammiferous ovum.* The ova were those of the rabbit, taken twenty-four hours *post coitum*, from the Fallopian tube.——Borden, a successful French physician, who lived in the palmy days of hyperbole, was found dead in his bed, on which catastrophe it was remarked, "that Death was so much afraid of him, that he could get the better of him only while asleep." ——*The title of Doctor.*—In English law the doctorate or highest degree in the Academies, is, in point of rank, analogous to knighhood, and is classed next to it. Sir Edward Coke says "esquires and gentlemen are only names of worship, not of dignity." And Sir William Blackstone says, in the art. Precedency, in his Commentaries, that "with us the degree of doctor, in any of the faculties, together with that of sergeant-at-law, has always been held superior to the rank or degree of an esquire, and next to the honor of knighthood." La Roque says that at the Council of Basle, 1431, the Emperor Sigismund ordered that doctors should precede knights.——At the Boston Museum, there is now being exhibited. a boy, eleven years old, who has attained the height of 5 feet 2 inches, and weighs 265 lbs. He is in good health—his parents are of the ordinary size and not at all inclined to obeisity.—— Dr. Guastamacchia recommends a new method of administering quinine, his object being to find some method of avoiding the disgust which the bitterness of quinine always excites; and after repeated trials, he says he found it best to dissolve eight grains of the sulphate in half an ounce of rectified spirit and rub it, in two doses, with an interval of a quarter of an hour between, along the spine. In intermittent fever this should be done at the beginning of the cold fit; and it very often prevented even a single recurrence of it.—— Dr. Feuchtwauger, of New York, denies that German silver is poisonous in its nature, and adds that it will bear the test of acid equally as well as silver itself.——Last year the Paris Academy of Medicine devolved on Drs. Chervin and Londe the task of framing a report on Dr. Rufz's two memoirs, concerning the yellow fever which afflicted Martinique from 1838 to 1841, and on the urgency of abolishing *quarantines* in relation to that disease. Dr. Chervin, well known in the United States by his professional travels in search of testimony on the great question of contagion, undertook the report, and has produced a comprehensive, and, by the judgment of the academy, a conclusive disquisition respecting the identity of all fevers of marshy origin, of whatever type, and the extravagances and blunders of the quarantine system.——The chief symptoms of nervous opthalmia are photophobia and lachrymation. The conjunctiva is somewhat reddened, but there is no change in the cornea or inner coats of the eye. The antiphlogistic treatment fails

in these cases. M. Lisfranc has often found that the smearing a little moistened, good *extract of bella donna* upon the temples, and around the base of the orbit, night and morning, has effected, in a few days, the cure of cases, which had long resisted other means most obstinately.——M. *Briere de Boismonte*, in his recent prize essay on menstruation, gives the history of an old maiden lady, who died at the age of 72, up to which time the catamenia had continued to return (very irregularly indeed) from her 24th year, when they made their first appearance. Dr. Macann, Staff-Surgeon at the Recruiting Depot, Coventry, has recently met with a curious anomaly in a recruit of good stature, and well formed. There were two testicles on the right side (one above the other) and one on the left. On accurate examination the spermatic cords were all distinctly traced to their respective testicles. —— A child was born in Wilmington, Del., a short time since, without arms or nose. Fingers were attached to the shoulders.——A child born in Baltimore recently had two heads. It lived but a few hours.——Dr. Vanzant, of St. Louis, Mo., is represented to have restored a blind boy to sight by the extraction of two teeth.——Old Dr. Hunt used to say, when he could'nt discover the cause of a man's sickness,—"We'll try this, and we'll try that. We'll shoot into the tree, and if any thing falls, well and good." "Aye," (replied a wag,) "I fear that is too commonly the case; and in your shooting into the tree, the first thing that generally falls, is the patient."——Dr. Samuel Millikin, of Dorchester, Mass., a highly respectable physician, in extensive practice, died on Sunday week, from a disease contracted while dissecting a corpse. This is the third instance of death from the same cause that has occurred among the physicians in the neighborhood of Boston within a few months past; one having died in Lynn, and one in Weston, from diseases contracted in this way.——Dr. Henry Mead, formerly one of the most fashionable physicians of New York, but latterly in destitute circumstances, died recently at the New York City Hospital, where he had asked for shelter. He was 65 years of age, and a native of Connecticut.—There are 3,000,000 of teetotallers in the United States, not including children. —— Dr. Katona, a Hungarian physician, is said to have communicated measles by inoculation with the fluid from a vesicle, and the tears of a patient laboring under the disease.—— The Russian Government has sent a commission of medical and scientific men to the East to make experiments as to the power of heat in destroying the germ of the plague. The commission have visited Constantinople and Alexandria, and already report favorably as to the efficacy of heat as a means of disinfection.——A Belgian journal states that the Academy of Medicine of Brussels has decided on appointing a commission to examine into the modern experiments in animal magnetism, and make a report on the subject.——In a paper, recently read by M. Leroy d'Etiolles, to the Academy of Sciences, Paris, on cancer, it was stated that that of the lip occurs more than twice as frequently in males than females, and the author does not hesitate to attribute this great disproportion between the two sexes, to the use of tobacco.

EDITORIAL DEPARTMENT.

THE CLAIMS OF MEDICAL SCIENCE ON THE SOUTH AND WEST.

We intended to have said a few words to our patrons and subscribers, and especially to those who have the inclination and ability to aid us in our undertaking, upon the subject indicated by the caption to this article, in the last number of the Recorder, but the pre-occupation both of our pages and of our time prevented us from doing so. These words we now proceed to say with all possible plainness, sincerity and brevity.

The great practical objects, for the furtherance and accomplishment of which our journal has been established, are two-fold. In the first place, we wish to present to our readers all the important discoveries and improvements which are made in the science of medicine at home and abroad; to point out to them, as promptly and as faithfully as we are able to do, the latest and most authentic sources of information upon every subject which should interest them; and to do what in us lies towards the overthrow and removal of that *hypothetical systematism* in medicine, which has so extensively, and with such inauspicious and disastrous results, prevailed throughout the Southern and Western portion of the United States, and for the substitution, in its stead, of a sound and correct philosophy. For the accomplishment of this object, thus generally stated, we ourself, as the immediate conductor of the journal, are alone responsible: and the manner in which it is effected must depend upon our own ability, industry and resources. Without taking to ourself any unreasonable degree of credit for the past, we will dismiss this portion of our subject with the single remark, that we have made and are making such arrangements, as will enable us, we may venture to hope, to do better hereafter than we have hitherto done.

Our Journal was established, in the second place, with the hope and the expectation, that many of the intelligent and observing members of our profession, in the South and West, would make it the medium through which to communicate the results of their experience to the medical public. In this hope we have been not a little disappointed: for although some of our brethren have not been wholly unmindful of the obligations which rest upon them, and have aided us to some extent, in the accomplishment of our purpose, we have not received that degree of assistance and encouragement at their hands which we had reason to expect. It is in relation to this subject, particularly, that we now proceed to speak, and we wish to say how they *can* render us this aid.

It may seem to be a very trite and common place remark to say, that this can be done only by our friends and correspondents furnishing us with the results of their *actual experience*, and *positive observation*, in regard to the *phenomena* and the *relations* of diseases. Such is, nevertheless, strictly and absolutely, the fact. The history, we mean the natural history—the causes, the symptoms, the lesions, the varieties, the therapeutics—of the diseases of the South and West, is yet, to a great extent, at least, to be written. We call upon our intelligent and observing patrons and readers to commence this good work. They alone, and

others similarly situated, are competent to this work. These diseases can be fully and faithfully described only by those who live in the midst of them; never by paripatetic book-makers, or hasty and passing observers. There is nowhere a wider and richer field, for interesting and profitable medical observation, than that of which we are now speaking. To a very great extent this field is yet but very partially explored, and this exploration, in a thorough, accurate and scientific manner, we call upon our friends to commence. Let us now make a few practical suggestions in relation to some of the particular subjects which ought to claim our attention; and in regard, also, to the manner in which they ought to be considered.

A great deal has been said about the wide differences between the diseases of the Southern and Western portions of the United States, on the one hand, and those of the Northern and Eastern portions, on the other. Some wiseacres in the profession, claiming to be very profound, very learned, and very philosophical, have gone so far as to proclaim, with a loud voice, from the house-tops, and in the market-places, that, on account of these wide differences, no man, educated in an Eastern school, and familiar only with Eastern diseases, is competent to manage those of the South and West, or to teach their history and management to others. Now, what we wish to say upon this matter is this, that these same gentlemen, notwithstanding the confidence of their assertions, and the great importance which they affect to attach to them, have never, so far as we know, succeeded in pointing out, with any positiveness or accuracy, any of these alleged differences. They may have *suggested* and *guessed* at certain *probable* differences, but they have never *ascertained* and *demonstrated* them. This work, notwithstanding all the noise and clamor that have been made about it, still remains to be done; and we call upon our friends to commence this work, not by pompous and loud sounding disquisitions elaborated in the closet, but by careful, accurate, and thorough examination, made at the bed-side, and in the neighborhoods of the sick,—not in word, but in deed. What, for instance, are the differences, if there are any, between the common continued fever of this, and of other sections of our country? This fever, now generally called *typhoid fever*, as it shows itself in the Eastern States, and in many parts of Europe, has been carefully and conscientiously investigated. Its natural history has been very fully ascertained. Its causes, so far as these are appreciable, its numerous and varying symptoms, its lesions, and so on, have been very thoroughly studied; so that its diagnosis is now easily and positively made out. This natural history has been recorded, and is readily accessible to the members of the profession, so that a fixed and absolute standard of comparison is furnished to them. Now, we say, how, and wherein, does the continued fever of the South and West differ from the same disease as it shows itself elsewhere? These differences, if they exist, have not yet been pointed out. The history of the disease will remain incomplete till they are pointed out. They can be ascertained and pointed out only by the observers and practitioners of the South and West. We ask them to do this. We ask them to furnish us with histories of the disease, similar in character to that contained in the number of the Recorder, writ-

ten by Dr. Letcher. We say *similar* in character, but we add, that it is not only desirable, but absolutely essential, that these histories should be more minute and circumstantial than that of Dr. Letcher. This latter is very good, and unexceptionable, so far as it goes. We are very well aware of the difficulties of drawing up these full and accurate histories by medical men, engaged in extensive practice, and of the labor which they require. But, nevertheless, these difficulties are not insuperable; and with the already ascertained and recorded phenomena of the disease before them, as a standard of comparison, they may easily be overcome. We ask our friends, then, to make this comparison. We ask them to give us, fully, fairly, and in detail, reports of a small number of single cases, of different degrees of severity, and then to add to these reports a like full, fair, and detailed *summary* of their remaining cases; of the age and sex of the patients; of the season, locality, and other circumstances connected with the prevalence of the disease; of its symptomatology; of the state of the organs after death, and of the effects, positive and negative, immediate and remote, of remedies. All these phenomena should be accurately stated; and those of them, which are susceptible of such statement, should be recorded *in figures.* This *numerical method* of observation can, at any rate, be adopted and followed out fully, so far as age, sex, season, and mortality are concerned; and, also, to a certain extent, in relation to the symptoms of the disease, and to the effects of remedies. In regard to these alleged differences between the diseases of different portions of our country, the same remarks may be made, generally, as have just been applied particularly to continued fever. These differences, in regard to all diseases and all forms of disease, which are common to all parts of the country, can be ascertained and settled only in one way, and that is, by careful and comprehensive observation, and by exact and honest comparison. Let this observation, and this comparison be made, not only in regard to continued fever, but in regard, also, to the other most common and important diseases,—to scarlet fever, bilious remittent fever, pulmonary consumption, and the several acute phlegmasiae. When this is done, and not till then, shall we be able to substitute for the loose and wordy suppositions and conjectures of closeted speculation the positive and actual results of observation; and so the science and the art of Medicine will be advanced and improved. We may return to this subject hereafter. In the meantime, we venture to indulge the hope, that the suggestions, which we have now thrown out, will not be wholly without fruit, to be gathered up by our correspondents, and garnered in the future numbers of the Recorder.

Dr. Bell says, in giving an account of the relative strength of the different Medical Schools in the United States, that there "are in Transylvania University 200 students; the Louisville Institute probably a larger number!" This is, to say the least of it, an illiberal and certainly a wholly gratuitous conjecture. Will the Dr. conjecture why the graduating class of Transylvania is twenty more than that of the Louisville Institute? The number of graduates generally bears a certain proportion to the whole class.

Physicians of the present day should apply themselves to the study of old, rather than of new books. The literary trumpery of the last age must be discarded, and those who would succeed, as practitioners, must become familiar with the works of those who wrote during the last century, and more particularly those of the latter half of it. For this we have contended for years, and from the conviction wrought by experience, that the most of those of the present century give but a very imperfect insight into the treatment of disease. This impression is extending rapidly, as the following remarks show:

"It is very obvious, from the tone that pervades a good many of the continental journals at present, that a silent but very marked change is at work in medical doctrine throughout France, and will ere long entirely overthrow many of the most established ideas of the schools in that country. There is a growing tendency to return to the plan of investigating diseases that was pursued by the physicians of the last and of the preceding centuries—viz: to endeavor to ascertain their exciting and predisposing causes; to mark the development and progress of the symptoms; to note the state of the weather, the constitution of the patient, and so forth; to watch the operation of different remedies, and to study the changes that are going on in the blood and other fluids of the body.

"Within the compass of the last two or three pages, our readers may observe three very significant illustrations of what we have just said. The fevers of Algeria are now universally admitted *not* to be *gastro-enterites;* M. *Simon* shows that modern pathology, as it is usually taught, will not account for much in the history of asthma; and M. *Forget*, (a most decided Broussaist, be it remembered) acknowledges the salutary effects that may be derived from opium in the treatment of what he calls epidemic meningitis, and has began to quote *Murray*, *Cullen*, and other of the older writers, in his lectures. His recent letter, too, to M. *Cayol*, and his former one to the late lamented M. *Double*—one of whose last acts was to testify to the pleasure and instruction which he derived from the perusal of the works of Hippocrates and Galen—show, at any rate, that he is very sensible at what a discount the physiological doctrines are in the eyes of some of his most distinguished countrymen.

"The researches, too, of M. *Andral* on the condition of the blood in various classes of diseases, cannot fail to draw the attention of many French practitioners to a field of pathological inquiry, that has been most unaccountably neglected since the beginning of the present century.

"We might quote also the labors of the celebrated German, *Liebig* —whose work on Organic Chemistry was so copiously reviewed in the last number of this Journal—as tending to bring back a modified system of humoral pathology: his admirable researches on the interesting subject of fermentation are well calculated to throw much light on the development and ætiology of many malignant febrile diseases."—*Medico-Chirurgical Review.*

Dr. Bradford's Case has been received, and it shall appear in the next No.

THE

WESTERN AND SOUTHERN MEDICAL RECORDER.

WHOLE NO. XV.

EDITED BY JAMES CONQUEST CROSS, M. D.

Professor of the Institutes of Medicine and Medical Jurisprudence in Transylvania University.

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ARTICLE I.—*Observations on Seminal and other discharges from the Urethra, with illustrative Cases.* By BENJAMIN PHILLIPS, F. R. S., Surgeon to St. Marylebone Infirmary, &c.*

IT is now eleven years since first I applied lunar caustic upon the mucous membrane of the urethra, for the purpose of removing a tendency to frequent involuntary discharges of spermatic fluid. I adopted the plan in consequence of suggestions made by M. Lallemand, in his "Observations on the Diseases of the Genito-urinary Organs," and I have much satisfaction in stating that my own experience goes far in confirming the accuracy of many of the views of those affections contained in his subsequent work. I should have been much disposed to let the system, of which that accomplished surgeon is the author, make its way by the influence of his own pen, but I know opinions expressed in a foreign language are comparatively little read, and that full confidence is not always given to the facts which are recorded, and, therefore, it is that I have for some time intended to communicate to the profession the results of my own experience of the efficiency of the lunar caustic, as a remedial agent in many distressing cases of involuntary seminal discharges. It is probable, however, that I might have still

*This paper is republished, because it treats of a subject of exceeding interest; one, with which but few practitioners are acquainted, and one that should receive their attention much oftener than it does, for the cases of Seminal Weakness are much more numerous than is generally imagined. Since reading Lallemand's Treatise on the subject, we have recognised such cases without difficulty, and have been able to treat the most of them with success.[—ED. MED. RECORDER.

further delayed the communication, had I not been pressed to make known the facts by some of my professional brethren, with whom I had seen several of the cases upon which my experience is founded. I conclude that what is interesting to a few, to whom some of the cases are known, will be not less interesting to others to whom they are not known, and, therefore, it is that I now give them to the profession; in the hope that, when confidence in the plan of treatment becomes more widely spread, some effort will be made to rescue this very distressing class of cases from the fangs of those harpies, whose dens are daily advertised in the public papers; and who, for the most part, by the exhibition of tonics and balsams, keep up the hopes of their patients so long as their money lasts, when their desire to be useful ceases also. In this way the case is again thrown back upon the regular practitioner, with some other diseases, pulmonary or other, superadded to, and arising out of, their inability to cure the first.

Spermatic discharges are voluntary or involuntary: with the first we have nothing to do here; with the second alone we propose to occupy ourselves in the present communication.

Involuntary discharges are for the most part, if not altogether, caused by irritation set up in or about the ducts connected with the testicle. In some cases, it may be doubtful whether the irritation, by which they are excited, may not have its seat in the rectum, as in Case 6; primarily there is no doubt it may, but Case 5 would lead to the supposition that secondarily the mucous membrane itself may suffer, and that, when the irritation in the rectum has ceased, that of the urethra may still keep up the mischief.

There are particular modes in which the urethral irritation is commonly excited; among these masturbation holds a prominent place: by this practice, the constant excitement of the seminal ducts ends by establishing a permanent irritation there; it may likewise happen from excess in sexual intercourse, as in Case 2. Next to this cause we may range gonorrhœa or gleety discharges, which, from time to time, establish chronic inflammation in the vicinity of the orifices of the ejaculatory ducts. Then follows stricture, which, by opposing an obstacle to the free passage of urine, ultimately causes the development of a morbid condition of the mucous membrane between the stricture and the bladder, as in Case 7. The same state of these organs may result from irritation within the rectum; that irritation may be caused by fissures or piles, or by the presence of ascarides, as in Cases 5 and 6.

It is said that other causes are capable of inducing the same disordered action of the sexual organs, but as I profess in this place merely to point out such as have come within my own observation, I do not propose to consider others.

The mode in which the irritation, once set up around the orifices of the ejaculatory ducts, acts, is very much the same as obtains

upon the application of irritation to the mouths of other ducts; it solicits increased action in the organ with which they communicate. Irritate the bladder, and the kidneys are stimulated to increased action; irritate the conjunctiva, and the lachrymal secretion increases; irritate the duodenum, and it is said bile will be supplied in increased quantity; it is unnecessary to carry the illustration further.

How does masturbation induce this irritation? Within moderate limits it would not do so; but if you give any canal too much to do, you will ultimately develope irritation in it, more especially at its orifice. If urine be passed too often, in cystitis, for instance, the orifice of the urethra becomes red, and the same thing happens to other conduits: it is in this way that masturbation or sexual excesses may develope irritation at the mouths of the ejaculatory ducts: it is in that way increased secretion is determined in the testicle; and thus involuntary discharges, consequences of masturbation or excesses, are explained.

It is easy to explain how gonorrhœal discharges may induce a similar state of things; in many cases, and especially when the discharge is obstinate, the inflammation upon which it depends is extended backwards until it reaches the neighborhood of the prostate; where it may excite, on the one hand, the kidney, on the other the prostate, and on the third the testicle, inducing each of those organs to furnish more than its accustomed supply. That the inflammatory action under those circumstances is likely to fix itself there, is shown in two ways—the existence of stricture so commonly near that region, and the acute pain experienced beyond the curvature when a bougie is passed. Often the inflammation may extend to the bladder itself. Often it passes along the spermatic ducts to the testicle.

When involuntary spermatic discharges are caused by stricture of the urethra, the immediate existing cause is the same as when they are consequences of other circumstances; irritation of the mouths of the ejaculatory ducts. The irritation is then caused by the obstacle to the passage of the urine, and a state of chronic inflammation may be developed along the mucous membrane from the stricture to the neck of the bladder, and may even extend into that organ, or along the ejaculatory ducts, as in Case 7.

Irritation within the rectum, when long continued, may extend to the sexual organs, and occasion the discharges which we are considering. Cases 5 and 6 are illustrative of this fact. In some cases the source of irritation of the sexual organs may continue to be confined to the rectum, and when that ceases the spermatic trouble may also cease, as in Case 6; but in other instances the spermatic disturbance may persist after the irritation of the rectum is cured, as in Case 5. There is no difficulty in accounting for this circumstance; the irritation, originally anal, has ultimately become ure-

thral also, and will only yield to treatment directly applied to that part.

Every experienced surgeon has had ample opportunities of observing the intimate sympathy which exists between the bladder and the urethra, and the rectum. How an irritable bladder may make an irritable rectum; how piles, or other affection of the rectum, will occasion trouble in the bladder; how the application of caustic within the urethra will now and then induce spasm of the rectum; how, in the efforts made to empty the bladder, in many cases of stricture, a corresponding effect will be made by the rectum; it may not always be easy to explain, but they are facts commonly observed.

In most cases the evidence of involuntary spermatic discharges is clear enough, but the time comes when the ejaculation is unaccompanied by the ordinary sensations, and the patient may then be unaware of the extent of the evil. I have again and again known cases where the spermatic fluid passed with the urine; others, in which the effort at stool caused a pressure to be made upon the distended seminal vesicles, and their contents were squeezed out; but the fluid may not pass until the process of buttoning up is going on, and the evil may be undiscovered. Still, unless the disorder be very advanced, in most cases the person himself is aware of it when it passes with the urine, because it almost always passes with the last drops, and can then be detected, and because a certain sensation is experienced about the neck of the bladder. But when the medical man is consulted, he calls for the recently-passed urine, or requests that it may be passed in his presence, and at the bottom of the vessel he perceives small granular diaphanous particles; and they are seen floating even before the urine cools; if the evil be, however, very advanced, no peculiar sensation is experienced, and the granular matter may be undetected, and may assume a more uniform cloudy appearance. In cases where uncertainty remains with regard to the deposit, we may advantageously have recourse to the miscroscope, by means of which the little long-tailed animalcules of the spermatic fluid can readily be perceived. Under any debilitating causes, whether those causes be found in frequent spermatic discharges, disease, or old age, the fluid becomes much thinner, and the animalcules much less numerous, and they may be almost, if not altogether, wanting.

One of the general symptoms resulting from too frequent spermatic discharges, which is most distressing to the sufferer, is a state approaching to, if not at the time, actual impotency. It is not that the seminal fluid, though deteriorated, is incapable of determining fecundation, but it is that the organs are wanting in the energy necessary for projecting the fluid into the uterus; the erection of the penus, if it exist at all, being only momentary. The digestive functions become deranged; the bowels constipated; nutrition lan-

guishes; respiration is troubled; the voice fails; the heart's action is interferred with, even to such an extent as to induce the belief of actual disease in that organ, as in Case 1, and hypochondriasis becomes complete. These things do not advance far without causing trouble in the nervous system, manifested by some perturbation of the senses, by headache, with great sense of weight or pressure, and they are accompanied by loss of memory; and timidity and apprehension which are very painful.

It must be evident to any one who takes the trouble to reflect on these things, that as the causes of these discharges are many, the treatment must also be variable. When the irritation is in the rectum, the case will require a very different course of treatment to one proceeding from stricture of the urethra. We will, therefore, make such general remarks as are proper with reference to the treatment of the several varieties of the affection which we have considered. First, when the cause is masturbation, or sexual excess:—the causes here are voluntary; the cure must also be voluntary. Lunar caustic will be powerless unless the patient has sufficient determination to abstain from the practice. But in many cases perfect abstinence will not suffice to put an end to the mischief; the *voluntary* discharges are got rid of, but they were persisted in so long that a permanent irritation has been set up in the verumontanum, and that irritation may, as we have already explained, excite equally injurious *involuntary* discharges: and here a remedy must be found by the surgeon. The first thing we have to do is to introduce cautiously a bougie, to pass it down towards the bladder; but before it arrives there, the patient will complain of pain, which is sometimes very acute; and the point at which the bougie has then arrived is usually a little in front of the prostate. The surgeon must then carefully observe how far the penis has been extended, and a mark must be made upon the bougie to indicate the depth to which the instrument has penetrated, because that is the point upon which the lunar caustic must be applied. The depth to which we must penetrate must be marked upon the caustic instrument, which is then introduced and gently passed to the proper point, when the caustic is uncovered and the membrane brushed over: as soon as that has been done, the caustic is again covered, and the instrument is withdrawn. In some cases the patient complains of a little heat when the caustic is applied; in others, the sensation spoken of is a coldness. I have more than once known some discomfort almost amounting to spasm at the anus, but altogether it is astonishing how rarely any complaint is made. At the next time of passing the urine, some smarting is usually experienced; it may continue through the day, but it is very bearable. In all cases it occasions a discharge, which is sometimes considerable, and at first is thin and watery, but gradually becomes thicker, and in the course of a few days ceases. In a few cases the discharge

is at first streaked with blood; and in a few rare instances there may be trifling hæmorrhage.

In most instances a feeling of improvement is early manifest, but the complete effect of the remedy cannot be estimated until the irritation has entirely subsided. Indeed, the amendment is almost always progressive, and frequently it happens, that when, by the end of the second or third week, not much benefit has been, apparently, derived, we are astonished by the change which has been brought about in another fortnight. If by the end of six weeks from the first application a very decided amendment, or a cure, be not produced, we may conclude either that an insufficient application of caustic has been made, or that the fatal habit is still persisted in. It has more than once happened to me to apply too little, but I have never had to accuse myself of applying too much. In any case a second application is indicated when the desired effect is not obtained from the first. More than two applications I have never had occasion to make; but I can easily conceive that circumstances might render a further recourse to the remedy proper.

How the lunar caustic acts in extinguishing the morbid sensibility of the mucous surfaces I cannot tell, but of its virtues in this respect few surgeons can be ignorant. Every day we apply it to modify the painful irritability of ulcers, as well as that of certain affections of mucous membranes.

If the affection has been caused by a gonorrhœal or gleety discharge, the treatment must be the same as in the former instance.

If it has been caused by stricture, we must first restore the canal to its natural diameter; and it may be that the morbid state of the mucous membrane behind the stricture will gradually improve when the obstacle to the passage of the urine is removed, and that with the cessation of that morbid state may also cease those spermatic discharges which have been caused by it. But this conclusion is not inevitable; the obstacle to the passage of the urine may be removed, but the morbid condition of the posterior part of the canal, which has resulted from it, may persist: so may the specific discharges. Then the efficacy of the lunar caustic can be at once demonstrated; and a single proper and sufficient application of the remedy, with the precautions already indicated, will, in most cases, promptly cure the disease of the urethra as well as that of the spermatic organs.

If the discharges be determined by irritation of the anus, or the rectum, appropriate means must be used to cure the intestinal disorder; and it may be that when that has ceased the spermatic disorder will also cease, as in Case 6. But, as in Case 5, it may persist, because a distinct irritation may have been determined in the urethra by the long-continued action of that of the intestinal canal; and to dissipate that, recourse must be had to the lunar caustic, under the same restrictions as have been already pointed out.

Such is a general view of this very distressing class of diseases —and, as I think, the appropriate remedy—and the illustrative cases will follow. How many cases I have treated in the last eleven years I cannot exactly say. I have notes of twenty-five cases, but they have all been treated within the last five years. At first I had intended to detail the whole, but as their general features are a good deal alike, I have preferred giving a few which sufficiently clearly represent the class, and will save the time of the reader.

Case I.—H. J., æt. 22, applied to me under the following circumstances: he had had, for some time, a good deal of trouble about his heart; his stomach did not properly perform its functions; his bowels were irregular, and he had lost flesh and strength. At times he had considerable cerebral excitability, when he could not bear the slightest noise without much distress. He had been under treatment for these complaints; had, at different times, applied various means of counter-irritation in the region of the heart, and, for a long time, had used only farinaceous food. Under this plan of treatment some of his symptoms had been relieved, but others had been aggravated, and his strength still further declined. After examining the heart, which afforded no evidence of anything beyond functional disturbance, I was struck with the apparent languor, the downcast, unquiet look, and hypochondriacal expression of the patient, and my suspicion was at once awakened as to the cause of this state of things. I requested his mother, who accompanied him, to leave the room; when I told him at once that the cause of his present discomfort was the abuse of his sexual organs. At first he hesitated, but only for a moment, and then admitted that to a certain extent my impression was correct. When further pressed, he said that, living in the country, and being a good deal alone, about four years before he began to addict himself to masturbation; that the habit soon took such firm hold of him that scarcely a day occurred in which he did not recur to it at least twice; that the emission, after a time, took place with incomplete erection; and that at the time he consulted me he could not hold an ordinary conversation with a young woman without a continuous discharge of spermatic fluid. The consequences which soon followed the indulgence of this habit were, first—obstinate constipation, then stomach derangement, lassitude, and very distressing palpitation of the heart, with profound hypochondriasis. Several medical men were consulted, and the treatment to which I have already referred was employed. After a long persistence in this plan of treatment, suspicion was awakened in the mind of the attendant as to the possibility of the symptoms being produced by disturbance of the sexual organs. He was interrogated on this point, and a slight admission was made by the patient. He was then cautioned as to the consequences of such a habit, and it was suggested to him to "go with women." Into the question of the morality of this advice

I need not enter, but in other respects the advice was not prudent. It is almost certain that in the state of the sexual organs induced by excessive masturbation, erection would be incomplete, emission almost immediate, and connection impracticable; mental depression would be increased, and disgust of life more decided. The advice, however, was followed in this case, and, for the first time in his life, he proceeded to the haunts of infamy. Connection was attempted, but without success; and after resorting to those places five or six times, he abandoned them, "quite tired of life." I assured him that all his sufferings were owing to his indulgence in this baneful habit; and that if he persisted in it, they would be further aggravated; and that the first object was to refrain from the practice, and that this depended entirely upon himself; that even if he could carry his resolution into effect, it was very likely that involuntary, in some shape or other, the discharge might for some time continue. I directed him to try his resolution for a month, and to let me see him at the end of that time. When he came again, he said he had abstained entirely, but that matters were not much better; that nine times, during the night, there had been involuntary discharges; that on two occasions they had happened during the time he was speaking to women; and that several times there had been involuntary discharges during straining at stool.

I now examined the sexual organs, which were extremely lax, the structure of the penis offering no feeling of elasticity when pressed between the fingers, and the scrotum almost as thin as a piece of linen cloth; the testicles hanging very low. Upon proceeding to examine the urethra, the same cowardly dread of pain which is common in people with these habits was strongly shown. A bougie was carefully passed for the purpose of ascertaining whether exaggerated sensibility was present at any part of the canal: on arriving some distance beyond the curvature, he regularly screamed out, and the instrument was quietly withdrawn. I now determined to blunt the sensibility at this point by applying upon it lunar caustic; this was done on the following day. That day week I saw him again; his spirits were much improved; a more complete erection of the penis than had been known for upwards of a year had occurred on the morning he saw me; and with the exception of the fifth night no emission had taken place. There was a slight mucous discharge, and there had been smarting when the urine passed, for a couple of days after the application of the caustic, but it was rapidly lessening. In three weeks afterwards I heard from him again, but did not see him: there had been two more discharges during the night, but he was sensible of increasing energy of the sexual organs. The impression on my mind was, that a second application of the nitrate would be necessary in this case, more especially because I was rather more chary of the caustic in this case than usual, from an apprehension that, from his great

morbid excitability, there might be some after trouble; however, there was none; and as I have not again heard from him, it is fair to suppose all has gone on well.

Case II.—I was consulted by W. R., aged 35, who was suffering from the effects of frequent involuntary discharges from the urethra. The account he gave of himself was as follows:—some years before the period when he consulted me, he went to Russia, and, being much addicted to women, he there formed an intimacy with a woman of rank, whose propensities in that direction were still more decided than his own. They lived together many months, and indulged in the most unbribled excesses, until his health began to suffer. Becoming sensible of the consequences of this course of life, he determined to break off the connection and set out for England. This resolution he carried into effect. For a time he lived carefully, and his general health improved; but with amended health came desires for a new attachment; and as this was not difficult to accomplish, a connection was formed, and with the same results as in Russia. The connection continued; change of air was tried; vows of greater continence were made and broken; when ultimately the connection terminated, and with broken health, and some suspicion of pulmonary disease, he was again set free.

It was at this time I saw him. He was about the middle stature, but somewhat emaciated. The digestive functions were much deranged; the voice was faltering; the expression of countenance was indicative of great mental depression, and it appeared that his presages were of the most gloomy character. His respiration was quick; his pulse irritable; his food ill-digested, his bowels constipated, his urinary organs irritable; he was obliged to make water twice or three times in the night, and in the morning a number of granular bodies could be detected in it. He slept ill; sometimes he was awoke by distressing dreams, sometimes by involuntary discharges. I found, further, that although he had ceased to see the lady—his former mistress—a daily correspondence was kept up; if possible, more injurious than their former close connection.—Every letter of hers he read induced a seminal discharge—every letter he wrote to her had a like effect.

My first request was to break off the correspondence. This was done, and with much advantage. Still he did not usually go to stool without pressing out of the vesiculæ seminales a certain quantity of spermatic fluid, and the granular particles were rarely absent from the urine. It seemed a useless waste of time to try to regulate the functions which were deranged, while the cause of that derangement still continued. I therefore passed a bougie along the urethra, and I found that, though sensitive everywhere, it was especially so at a point in the neighborhood of the prostate. For the two following days I introduced the bougie, and let it re-

main in the canal for a quarter of an hour, with a view to accustom the canal to the presence of a foreign body, before the caustic instrument was introduced. I then applied the caustic cautiously, and no great inconvenience was complained of. The caustic was applied about two o'clock; he remained on the sofa until five; when, instead of taking a light dinner at home, as he was ordered, he adjourned to his club, which was a few doors off, and, whether from exposure to cold, or other cause, he had no sooner sat down to table than he fainted. The nearest medical man sent for, and when I arrived I found him pretty well again. He made water, and was put into a warm bed, and the next morning was in his usual state, but there was a considerable discharge from the urethra; and from the moment that discharge abated, the spermatic discharge abated also; and in the succeeding three weeks the discharge had only occurred twice—once in the first week, and once in the next fortnight. When every hope of all going on well was strongest, pulmonary symptoms became more decided. He was sent to Hastings, but the climate of that place had no power to arrest its progress. He returned, and died, as nearly as may be, free from his original source of trouble.

Case III.—A. B., a young man of 24, was brought to me by Mr. Joseph in a state of settled melancholy. He complained of pain in the groins, the perineum and the loins, complete relaxation of the genital organs, a swimming and noise in the head, and a perfect inability to use the slightest effort. I at once saw, from the history of the case, and the cast of his countenance, that seminal discharges or excesses were at the bottom of his sufferings; but the probabilities were in favor of other modes of excitement than sexual intercourse. I charged him with masturbation, and, with a little hesitation, he confessed it. He had carried it to a very considerable extent, oftener twice than once a day, when at last he observed that no complete erection took place. Recourse was then had to such books as are advertised daily for the cure of sexual debility. He submitted to the treatment recommended by their authors so long as his money held out, but he derived no benefit from it. The dark pictures drawn in their publications of the consequences of this pernicious habit still further impressed his mind with a conviction of impotency. He abstained lately from masturbation, but the frequency of the discharges was not lessened by it. By night and by day they still occurred, and, to use his own expression, "life seemed leaking away."

A bougie was carefully introduced: a very sensitive point of the canal was discovered, about an inch in front of the neck of the bladder. Upon this point the caustic was immediately applied. He did not complain of much pain from the operation, and at once proceeded to his ordinary occupation. I saw him at the end of four days from the application of the caustic, when his spirits were

much improved. He had a thin discharge, which had come on in the course of the evening of the day on which I used the remedy; it had been increasing up to that day, but it seemed to have attained its acme. When he first made water there was some smarting, but it soon abated. From this time I did not again see him, but I learned from Mr. Joseph that he rapidly recovered, and completely; and that he is at present quite free from any disorder of the sexual organs.

Case IV.—E. G., aged 24, a medical man, consulted me some time since for a similar affection: but altogether his case was the most severe I have ever seen. His person was much emaciated; his voice faltering; his respiration hurried; his heart palpitating; his stomach unable to bear any but the simplest food; the abdominal cavity tormented with flatulence, and his bowels constipated.

He stated, that during his school days he had addicted himself to masturbation, and that for some time his excesses in this respect were great, but that ultimately he acquired the power to resist the inclination, and afterwards it was only resumed occasionally. But the irritation which had been set up continued, and induced nocturnal emissions, which had amounted, when I first saw him, to sixteen in four weeks. Their effect was most distressing; they produced respiratory trouble so intense in its character as to resemble a paroxysm of asthma. The trouble to the circulation was not much less remarkable, and the voice was broken and faltering.—After twenty-four hours these severe symptoms abated to some extent, so as to allow him to attend to his business. It was not without much effort that he could allow me to examine the urethra, so much had his moral courage been prostrated. However, it was at last accomplished, but although a bougie was introduced without any approach to violence, syncope followed. Beyond the curvature the pain became excessive and unbearable, and the instrument was withdrawn. On the second day from this examination he came to have the caustic applied, but in the interval there had been an involuntary nocturnal discharge. I applied the caustic, and the discomfort experienced on this occasion was much less than that upon the simple examination on the last. In a fortnight he came to me in improved spirits, and stated that he had felt himself so much better that he had undertaken the situation of assistant to a practitioner in the country. He stated that the improvement had been in every respect remarkable, and during the fortnight he had only two emissions, and that the after trouble had been much less severe. He was anxious that the caustic should be applied a second time, before he went into the country. To this I objected, because it was impossible at that time to estimate the effect of the first. I advised him, if necessary, to come up in a month. He did so, and was in all respects much improved, but he said he did not feel himself equal to the knocking about of a country prac-

tice, and that riding hard was particularly unsuited to him. During the month there was an increased vigor of the sexual organs, and there had been only three involuntary discharges. It was evident that, though much abated, the evil still existed, and I therefore determined to make a second application of the caustic. On this occasion none of the inconvenience of the first introduction of the bougie was experienced; the morbid sensibility was much blunted, and the remedy was easily applied. From this time I can give no account of the case. I did not know his address at the time, nor any of his friends, and I have consequently made no inquiry about him. But as there was reason to suspect disease of the chest, it is very possible he may be dead. Still, so far as it goes, it is interesting, as showing the very formidable consequences of such discharges, as well as the striking effects of lunar caustic as a remedy when they are involuntary.

Case V.—A young man was placed under my care for disease of the rectum; characterized by occasional intense irritation, followed by hemorrhage, sometimes alarming in extent. An examination showed a tumor as large as a small walnut, which, though attached within the external sphincter, was protruded under this effort. This tumor was erectile in structure, very rough in its surface, and in every crevice were numbers of ascarides; and it was through their agency that the irritation seemed to be developed, so as to provoke hemorrhage. When this irritation was great, and this was at least once in twenty-four hours, it induced a discharge of spermatic fluid. In this case the treatment was clearly marked out, and there was a fair ground for supposing that when the irritation within the rectum had ceased, the spermatic discharges would also cease. A ligature was placed around the tumor, and the irritation within the rectum was cured: but although what was conceived to be the cause of the spermatic discharge had ceased, the discharge had not. Neither, in two months afterwards, had it shown any disposition to do so; for in the previous twenty-eight days it had happened thirteen times, sometimes during sleep, sometimes during the day. Whatever may have been the original exciting cause, it was now clear that some one still existed. The canal of the urethra was examined, and great morbid sensibility was detected beyond the curvature. Caustic was at once applied over the part; it occasioned spasmodic contraction of the rectum, which continued for two days, and then disappeared. On the two or three following occasions of passing the urine, there was a good deal of smarting, and there was rather a profuse, thinnish discharge, at one time streaked with blood, which did not completely disappear until the eleventh day.

From the time of applying the caustic until the ninth week, there had been only two involuntary discharges; and when I saw him, not long ago, he was quite free from disease.

Case VI.—T. G., aged 50, had long resided within the tropics, where he had suffered from frequent attacks of dysentery, and other varieties of intestinal disturbance, which ultimately caused very distressing inconvenience in the rectum, in the form of piles, and afterwards fissure of the anus. Means had been employed to relieve this state of things, but with no great success; and after some time, spermatic discharges, unaccompanied by much excitement, and almost always involuntary, occurred to complicate the case, and distress the patient. In this state he arrived in England, when I was consulted. I at first directed my attention to the disease of the rectum; the bowels were carefully regulated, the internal piles were much improved, and after a time ceased to give any trouble, under the daily pressure of a bougie, smeared with mercurial ointment and extract of belladonna, and rather unexpectedly the fissure got well also.

During the course of the treatment no sensible improvement was observed in the sexual organs; but when the trouble in the rectum was got the better of, he went to Brighton, where he stayed some weeks. Gradually he became sensible of increasing sexual energy, and a decreasing frequency of spermatic discharges. No special treatment was directed upon the urethra, and he has been free from any uneasiness in that quarter for several months.

I have been unwilling to occupy more space than was absolutely necessary for the bare illustration of the subject, and therefore it is that I have given the details of only six cases, and that principally for the purpose of more directly calling the attention of the profession to the matter. At the risk of being considered tedious, I will, however, again direct attention to the more important points connected with these affections.

1st. It is necessary that the habits which have led to those discharges should be discontinued; any means will be powerless if the practice be persevered in.

2nd. When the primary cause of the affection has ceased, it is necessary to examine the urethra with an exploring instrument: and for this purpose I prefer an elastic catheter. The point where the pain is most acute must be accurately noted. The instrument must then be passed on carefully until urine passes along it. Observe how far it has penetrated, and having noted this, you must arrange your caustic apparatus so that it shall not reach so far by an inch, because the prostatic portion of the canal is not commonly implicated in the irritation. The point upon which the caustic is to to be applied is, as near as practicable, about the region of the ori-orifices of the ejaculatory ducts.

It may be asked, why pass the instrument on to the neck of the bladder at all, and why state that an inch in front of the neck of the bladder is the point beyond which the caustic instrument shall not penetrate? Why, again, the spot where acute pain is indicated,

during the passage of the bougie, may not be regarded as the proper place for applying the caustic? In many persons the urethra is very sensitive, and the patient complains so frequently, that a little difficulty is experienced in deciding with that test; but when you have ascertained that from the orifice of the urethra to the neck of the bladder is seven inches and a half, and when you further find that in the passage of the bougie the most acute pain was experienced at a little more than six inches from the orifice, you can then, with much confidence, cauterize the space between the sixth and seventh inches, satisfied that the orifices of the ejaculatory ducts will not escape. It may be thought by some persons that all these precautions are unnecessary: this may be true; but off-hand surgery I dislike; and if in one case, by the neglect of such attention, I cauterized the neck of the bladder, and in another case applied the caustic entirely in front of the seat of mischief, my conscience would not acquit me of blame.

The foregoing precautions having been taken, the caustic must be exposed, and slightly revolved along the floor of the urethra, for half a minute, without fear of harm, and rarely does it excite much pain—very rarely, indeed, does the patient complain of it. A few days ago I passed a bougie very gently along the urethra of a young man, but it produced syncope. When the caustic was applied a few days afterwards, the morbid sensibility was immediately blunted. Usually a smarting is experienced when the urine passes along the urethra, after the caustic is used, but it rarely continues troublesome over twenty-four hours. Before that time, usually, a thinnish discharge comes on, which may be profuse, and may be, though very unfrequently, streaked with blood. After a few days it begins to abate, and by the time it has ceased the change for the better in the patient's condition seems strikingly manifest. It is always necessary to guard the patient against impatience, because four or five weeks will, in some cases, pass, before the beneficial effects of the remedy become clearly evident; and this is the more necessary, because he looks with intense anxiety to the result; and sometimes it happens that a single discharge, after the application of the caustic, will dash the cup of hope from his lips, and induce the most gloomy forebodings. I may again repeat what I have said before, that I have never applied too much caustic, but I have more than once failed by using too little; and much experience is necessary to apply the proper dose. However, it is better to err on the safe side, until experience shall have given confidence in the use of the remedy. I have scarcely ever had recourse to a second application until five or six weeks have passed, and given the assurance that the first has been insufficient.

Since the publication of the first part of this paper, I have been painfully impressed with the conviction that the evil is more widely spread than I had before conceived, and that it will not be largely

alleviated by the means I have adopted for advocating the use of a particular remedy. Almost every morning I have had several applicants for relief, but with two or three exceptions they have been either medical men or medical students. The pages of a strictly medical journal do not meet the eyes of the great mass of sufferers, and they rarely apply to medical men for relief, from a feeling of degradation, which, they conceive, attaches to their situation, and I apprehend that, in a large number of instances, they do not resort personally to those irregular practioners to be found in all parts of the town, who eke out a disgraceful existence by administering medicines to patients whom they have never seen, and whom, most probably, they never benefit.

In the course of the last few days, I have received many anonymous letters from patients expressing their complete inability to make themselves known to any human being; and requesting me to inform them, through the present communication, whether they could use the remedy themselves. My answer to all is the same; I cannot sympathize with any such *mauvaise honte.* If it be desirable to be cured, it is desirable to take proper means to obtain it. I cannot sanction the use of such a remedy as I have recommended by any other than a medical man; and I cannot advise the use of a lunar-caustic injection.—*London Med. Gazette.*

Art. II.—*Singular Case, as supposed, of Worms.* A Letter from J. Taylor Bradford, M. D., of Augusta, Ky., to the Editor.

Professor J. C. Cross:

Dear Sir:—A case of some interest fell under my observation a few days since, the particulars of which I will detail, and, if you think it of sufficient merit, you will give it a place in the Recorder. It occurred in a colored girl, nine years of age, who had, with the exception of much impaired appetite, been in good health. Being employed, with other children, in the ornamenting of a play-house, which was denominated a church, she suddenly sprang up and commenced clapping her hands, and singing in a most vehement manner. As she had been, on former occasions, when thus employed, in the habit of acting somewhat in the same way, she was encouraged by her play-mates, and she continued until quite exhausted, when it was found, by her mother, that she could not be made quiet.

When I was called to see her, which was about ten hours after her attack, I found her rolling from one side of the bed to the other in a state of delirium, every few moments uttering a shriek, and throwing up her arms, as if in a state of great alarm. Sometimes, by shaking her, she seemed partly aroused, but in attempting to answer questions, she suddenly broke off into an incoherent song, or perturbed moaning. The pulse was very irregular, sometimes an interval between the beats of two or three seconds, and then it would become for a short time very rapid, but soft; skin near the natural temperature; tongue with a thin, white coat; no unusual heat about the head; bowels undistended, no excess of heat, and bore considerable pressure without any apparent suffering. The upper lip was swollen; the pupil of the eye dilated, while the general expression of it was wild, vacant, and restless.

But little satisfactory information could be obtained in regard to her habits a few days previous to her illness, either from her mother, or the family, as her health was good enough not to attract particular attention. As there was no symptom, or set of symptoms, which could be regarded as pathognomonic of any particular disease, I offered the conjecture that she was, probably, suffering more from worms, than from any other cause.

In accordance with this, I directed a decoction of the *Rad Spigelia* to be given every two hours in half tea-cupful portions; at the same time, I directed three powders, composed of calomel and camphor, to be given every three hours; after which, when necessary, to be worked off by *oil ricini* and *spirits of turpentine.* A blister was applied to the nape of the neck, for there was no unusual heat about the head, and a poultice of garlic to the abdomen.

On the second day, when I visited the patient, I found there had passed some fifty very large lumbricoides. The discharge of these, contrary to my expectation, had produced no abatement of the symptoms. The powders had operated without the use of oil, and as most of the worms voided were alive, the same remedies were continued, (Spigelia, lessened in quantity,) through the second day. On the third day, two more worms were passed, with no amelioration. Equal portions of the tincture of valerian and tincture of opii. were given, in teaspoonful portions, every three hours, with directions to discontinue them should the delerium cease, or sleep be produced. No benefit resulted from

this prescription. The child died on the fourth day. A *post mortem* examination was permitted and instituted, when the stomach was found unusually small, and seemed to be divided into two compartments, with a contraction near the middle, extending quite round the stomach. Between the contraction and the *pyloric orifice* on the posterior face of the stomach, was found a *worm half protruded* through the stomach. On the inside of the stomach, extending two inches from the perforation, was a circular furrow in the coats of it, similar to the grooves or furrows made by the arteries on the parietal bone. Upon close examination of the organ immediately around the perforation, which was exsanguine, and of a lighter color than the remaining portion of it, was found a second perforation, which seemed to be very oblique. The stomach contained nothing but a little mucus and gruel, and so small that it would not probably contain as much as half a pint with the greatest distention. It, however, had no appearance of disease, except immediately around the perforation which, as above stated, was of a little lighter color than any other portion. Upon examining the cavity of the abdomen, two worms were found, which I supposed, finding no other perforation, escaped through the orifice in the stomach. As far as I was able to examine, it did not appear that any of the contents of the stomach had escaped through the orifice. All of the viscera, except the brain, which I did not examine, appeared to be in a state of health.

We are told by a learned annotator and compiler of books, that *Cloquet*, after an anatomical investigation of the *lumbricoides*, and that *Bremser*, the distinguished *helminthologist*, after the examination of fifteen thousand worms from various countries, arrives at the conclusion that "worms are always free in the intestinal canal, and never adhere to its parietes."

It is further asserted by *Andral*, *Rudolphi* and *Carswell*, that "worms are totally incapable of perforating the intestinal tunics."* *Frank* declares, that "after opening several thousand bodies, he never met with one instance which could be rationally attributed to perforation."

On the contrary, *Stokes* quotes a case, from *Fischer*, of a female in whom two circular orifices were found in the colon, communi-

*Stokes.

cating with the cavity of the peritoneum, in one of the openings, a worm was discovered, one half of which lay in the peritoneal sac, the other in the intestine. *Schellhammer* relates a case where *lumbrici* were discharged from an abscess in the inguinal region. *German* a case, where one hundred worms were discharged from an abscess in the pubic region communicating with the intestines. *Huenerwolf* a case of enteritis with perforation from worms. *Hister* and *Carth*, cases of *lumbrici* found in the cavity of the abdomen, with the intestines perforated."*

There are few authors, I believe, if any, that admit worms to be capable of perforating the intestines exempt from inflammation or ulceration; but the present case neither before nor after death, presented any traces of either.

When we reflect that the existence of worms in the alimentary canal is sometimes capable of producing such a fearful train of maladies as are recorded in the books, and that the *lumbricoides* are so remarkable for their vigor, and the sharp and pointed appearance of their head and tail, I think it is possible, and fair to presume, at least from the present case, and what I have been able to glean from the authors I have consulted, that worms not only perforate the intestines *independent of inflammation and ulceration*, but that they are in many cases the immediate cause of inflammation and ulceration. But I am levying too heavy a tax upon your patience, and must close.

This is, at present, literally a "wormy region;" amounting almost to an epidemic—many grown persons assume the verminose characteristics of children, and have to be treated accordingly. My "causality" is not sufficiently developed at present, had I leisure to go into the "how created" or "ab ovo" parisites which take up their abode in the intestines, and were I so to do, I might say with justice and truth, what many authors ought to say, "*darkness* is still visible."

By the bye, Doctor, I read not long since in an old "Ohio Medical Repository," a pleasant chapter of yours on "Gymnastics," which I think would please and instruct those who are in the habit of reading the "Recorder."

Yours, with feelings of great respect,

J. TAYLOR BRADFORD.

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*Dunglison.

Art. III.—*Scrofula.*

[Continued from page 76.]

Can Scrofula be referred to latent Syphilis?

I have before remarked, in a note, that I understand by the French word dégénérescence, something analogous to cachexia, a vitiation of the economy. M. Baudelocque says, that it would be very difficult to say in what it consists, or to prove that there can obtain such a state of the system.

The authors, who consider scrofula as the consequence of latent syphilis, maintain, that there is a striking resemblance between the two diseases. They maintain that they have both their seat in the serous and lymphatic humors; that there are in both local inflammations, ulcerations, caries, affections of the skin, swelling of the joints, blemishes upon the cornea and other lesions of the eye; that in syphilis, as in scrofula, swelling of the lymphatic, and other glands, is very common; that children, born of syphilitic parents, the children of courtezans for instance, often become scrofulous; finally, they maintain that the same medicines are suitable for the cure of both diseases.

We will not stop to consider the pretended seat of scrofula and syphilis, in the serous and lymphatic humors. It is a hypothesis, which it is necessary to prove, before we deduce from it any conclusions. No one has attempted to prove it; and it would, besides, be impossible to do it.

As to the local lesions: How great a difference do we not observe in the seat of them, their mode of developement, progress, aspect and termination? What different changes does not the action of medicine produce upon them? Generally, the differential diagnosis is remarkably easy. Difficulties, which may arise, occur only in cases, most frequently when there is a complication of the diseases. In syphilis, the glands most commonly enlarged are those of the groins; in scrofula, the glands of the neck. In syphilis, caries has its seat ordinarily in the bones of the head and face; in scrofula, it is in the bones of the limbs, about the joints and in the spine.

Shall I speak of the action of medicines? of the promptness, of the certainty of their results in syphilis? of the tardiness, of the uncertainty of medical treatment in scrofula? But, it is said, that children, born of parents who have had the venereal disease, often become scrofulous. This assertion is questionable, as to the truth of its generality. Cullen says he has often seen children, who had inherited syphilis; in whom, nevertheless, he did not observe any symptom of scrofula. Kortum does not believe in this doctrine; he remarks, that he has seen the most healthy children, the offspring of parents, one or both of whom had been cured of syphilis

by salivation. I was, continues our author, an in-door student in the Division of the Nurses at the Venereal Hospital in Paris, during the year 1818. I saw many children, from four to five years old, doing well, and exhibiting no trace of scrofula, although born of mothers who were syphilitic. These children were suckled by women, upon whom M. Cullirier had applied mercurial frictions. I have seen many children, born of parents who had frequently been affected with syphilis, who had even had what is called constitutional pox; these children, although arrived at the age of ten and upwards, had never suffered from any symptom, which would lead us to fear the development of scrofula. We readily grant, that children, of such an origin, are not less liable to this disease. I repeat, that there is not a well-established fact, which proves in an unquestionable manner, that scrofula has ever had for its exclusive cause, at a period more or less remote, one or more venereal attacks, in either of the parents. M. Alibert's cases prove nothing more than that children, the offspring of syphilitic parents, may become scrofulous.

As to the two diseases being cured by the same medicines, the opinions of physicians are diametrically opposed. As to the use of mercury in particular, Baudelocque thinks, (and I would call the attention of the reader to his remark,) that the cases have sometimes been badly observed; that the diagnosis was imperfect; that cases had been called scrofulous which really were not. Bear in mind, that these physicians, having adopted the the theory that scrofula and syphilis originate from the same cause, or, in other words, are forms of the same disease, might easily mistake an obscure case of syphilis for scrofula. As to the treatment, they have generally used other means at the same time besides mercury; such as sending their patients to mineral springs, &c., by which means they had the advantage of *change of air*, of food, of almost every circumstance of life. Cullen says that mercury, far from being of any utility in the treatment of scrofula, on the contrary, often aggravates the disease. This was also the opinion of Cullirier, who had ample opportunities for observation. I have heard him say, says M. B., that the complication of scrofula with syphilis was altogether disastrous, on account of the injurious influence of mercurial preparations upon the former disease. To these reasons and authorities, we may add the names of Jno. Hunter, Lombard, Vigaroux, S. Cooper, Kortum, and even Richerand, who is a believer in the venereal theory. Kortum practiced medicine in a country where scrofula was very common; whilst syphilis was hardly known there, because of its freedom from the intercourse of soldiers, and the inhabitants of cities. On the other hand, at Palermo syphilis is more common than at any other place in the world, and, nevertheless, a case of scrofula is hardly ever seen there. Such facts as these, it would seem, are conclusive to

prove that scrofula does not result from syphilitic dégénérescence; a something, *je ne sais quoi, qu'on ne saurais dire.*

Of Food and Drinks.—Among the causes of scrofula, as laid down by authors, we are not surprised to find aliments. This supposed cause tallies wonderfully well with the humoral theory of the disease. The chyle ought necessarily to partake of the character of the food; and, we believe it to be acid or alkaline, viscid, &c., according to the ideas we have adopted upon the intimate nature of the malady. It is true that scrofula, for the most part, prevails among the indigent, who live upon mean fare. Nevertheless, when we observe upon an extensive scale, and are called to examine a great number of cases, we are struck with a fact, which, according to the opinions generally received, appears inexplicable. It is, that individuals, who make use of the most nutritious and even choice food, do often become scrofulous. This fact is observed in all the cities of Europe, where the disease prevails. Other causes must here obtain; what these are, we will show:

It is a fact, which may appear strange to some, that a change of life, from hard fare to good, seems sometimes to give rise to the disease. M. Bordeu, in his Memoir to the Royal Academy of Medicine at Paris, says, that "The cadets of some of the respectable families of peasants, who live upon our mountains, are ordinarily destined to the ecclesiastical life. The sojourn, which they make in the cities, changes their temperament in so remarkable a manner, that they either become scrofulous, or are the most feeble members of the family; while their brothers, who live six months of the year in simple cabins upon the mountains, exposed to all the inclemencies of the weather, continue robust and healthy. When we come to speak of the true cause of the disease, we think we will explain this fact.

I have already stated that scrofula is very rare at Palermo, although syphilis is *very common.* The poorer classes at Palermo live upon food of the meanest quality; it is composed principally of fruits, which are often unripe, of fish, of a kind of pudding made of buckwheat flour and the like. One may judge of its quality, when he learns that it hardly costs one cent a day.

Seeing, on the one hand, that scrofula may attack persons who make use of food of the best quality; and on the other, that it often spares those who are fed upon the coarsest and meanest fare; are we not at liberty to conclude, that the quality and kind of food have but little, if any thing to do, (considered alone,) in the production of the disease. As to the different articles of food, it has been truly remarked by Kortum, that "*Pessima est pravorum alimentorum ingluvies.*"

Among the local accidents or lesions, considered as appertaining to the scrofulous disease, there is not one, upon the production of which, bad food is supposed to exert a greater influence, than car-

reau, or tabes mesenterica; the disease known among us as negro consumption. One thinks he sees in thickened soups, chesnuts. Irish potatoes, bread badly baked, &c., the elements of chyle, of bad quality, the proximate cause of congestion and inflammation of the glands of the mesentery. In designating, under the name of carreau or of tabes mesenterica, every sort of engorgement of the mesenteric glands, gentlemen have confounded two states altogether different; and consequently have attributed to bad food, effects which it does not occasion.

When the extremities of the absorbent vessels are inflamed, it frequently happens that the glands, which these vessels go to make up, are also inflamed. It is thus that angina tonsillaris, and apthæ in the mouth, frequently give rise to swelling and inflammation of the neighboring lymphatic glands: it is in this manner also that the inguinal glands swell and inflame in the course of a blennorhagia; and it is in accordance with this law, that in typhoid fever there are always a greater or less number of the mesenteric glands which inflame. We can readily understand that inflammation of the intestinal mucous membrane, produced by the use of indigestible food, by gluttony, may and ought to give rise to inflammatory engorgement of these same glands. But as the engorgement and inflammation of neighboring glands, the consequence of angina, &c., do not develope scrofula, neither do engorgement and inflammation of the mesenteric glands, produced by indigestion, give rise to it. If these engorged glands sometimes suppurate, most frequently they terminate by resolution; so soon as the cause which produced them is removed. A well-ordered regimen suffices, for the most part, to effect a resolution of the engorgement or inflammation of the mesenteric glands.

But wherever may be the seat of the lymphatic glands which are inflamed, if the individual, the subject of them, remains exposed during a sufficient length of time to the action of a particular cause, (impure, confined air,) we will see the inflammation change its character. We can no longer effect the resolution of it. Either the glands will remain, for an indefinite time, in the same state, or an eliminatory inflammation will cause the expulsion of tuberculous matter. This may be said to be the law which obtains, whether the diseased glands are seated in the neck, in the groins, in the mesentery, or any where else.

That certain articles of food are unwholesome, there is no doubt. That such food may determine indigestion and inflammation of the intestinal mucous membrane, and, as a consequence, engorgement and inflammation of the mesenteric glands, is also true. But for this inflammation to become tuberculous, M. Baudelocque thinks that another cause must be brought to act upon the patient, viz: the one which I named above, (in advance.)

The limits, which we have allotted to this paper, will not allow

us to specify the different articles of food, supposed capable to produce scrofula, nor do we suppose it necessary.

It now remains for us in this connection to examine the influence of drinks.

I do not know any fact, says M. B., from which we can rigorously conclude that acidified wines, cider, small-beer, or any other prepared drink, is capable of producing this disease.

Snow and ice-water was considered among the ancients as being unwholesome. And this water is counted among the causes of scrofula by some modern physicians. The unwholesomeness of the water made from ice and snow, is supposed not to depend upon its composition, as being different from spring water; but upon its containing less atmospheric air; which was lost by congelation. The kind of water drunk has been considered as a cause of scrofula and its kindred diseases, particularly in reference to the inhabitants of the deep valleys of the Rhone. Saussure observed in his travels among the Alps, that the people who lived upon the summits of mountains, or upon their declivities, and who used exclusively water melted from ice or snow, enjoyed good health; while those who lived in the deep confined valleys below, were the subjects of scrofula, cretinism, &c. Now, the water which had passed down into the valleys contained more air than that used by the inhabitants of the mountains.

Saline waters, and waters from slaty and lime rocks, have also been counted among the causes of scrofula. M. B. has examined this cause with much care, and cannot allow it to be well founded.

That water deprived of air, that water which holds in solution too large a proportion of calcarious salts is not as healthful as pure spring water, we do not doubt. But that such water contains within itself the seeds of scrofula, (so to speak,) we think contrary to the fact.

Medicines.—Kortum has devoted a chapter to the consideration of the influence of some medicines as a cause of scrofula. He seems to think with Gallen, Sydenham and Hoffman, that the abuse of purgatives in treating the complaints of children is the chief among these. That the abuse of purgatives may lead to irritation and inflammation of the digestive passages there is no doubt. For any thing more, we would refer the reader to our previous remarks upon carreau or tabes mesenterica.

Uncleanliness.—Kortum considers uncleanliness as one of the most efficient causes in the production of scrofula. The prevalency of the disease among the German Jews is attributed by him to their proverbial filthiness. In opposition to this cause of scrofula, considered alone, as sufficient in itself to develope the disease, we will only mention a fact to which we alluded above, to-wit: Scrofula is a very rare disease at Palermo. Now, there are scarcely any people more filthy than the poorer classes at Palermo.

But from the warmth of the climate in Italy, the people are not much confined within doors. In this they differ from the German Jews. Does not scrofula prevail among neat and cleanly people? It certainly does. It is very common at Paris among the mercantile class and artisans in easy circumstances; who pay strict attention to the tidiness of their children. They are washed and rubbed dry with a towel, every morning; and change their linen every day, or every second day. Scrofula is common in England. The English are remarkable for these good qualities.

It is now time for me to give *the cause* of scrofula of *Baudelocque*. I will, therefore, pass over the secretions and excretions, electricity, light and moisture, considered by some authors among the causes of scrofula; as reference will be made to them when I come to speak of the *Alteration of the Air*.

The atmospheric air exercises upon the preservation of life an influence at every moment of existence; and we know that respiration cannot be suspended without almost instant death. This air is continually being modified and altered by every living thing; by combustion; and by the combinations of every sort in which it participates. It is nevertheless every where composed of the same principles, and when nothing hinders its free circulation, these principles exist in the same proportions. This is easily explained by the immense bed which it forms around the Earth; by its continual agitation, and by the considerable displacements which the winds make in it. But when a given quantity of air is isolated, separated from the rest of the atmosphere, imprisoned, so to say, the respective proportion of its constituent elements is quickly changed by respiration. The alteration which it undergoes, renders it less and less fit to effect hematosis; and this *pabulum vitæ*, according to the true and sage remark of Hippocrates, becomes an *aliment* of the most destructive quality. Such is the true cause, the only cause of scrofula. If this cause has not always been recognised, it is because circumstances have arrested the attention, which strike the mind with more force; and which, besides, appear sufficient to account for the evil; or rather perhaps, that in the investigation of the causes, physicians have completely omitted the examination of the atmospheric conditions in which the subjects of the disease pass the greater part of the day and all of the night. But is it not a fact, that everywhere, where scrofula prevails, this cause exists; and vice versa, and that where this cause does not obtain, is there not an absence of that disease?

The habitual sojourn of the middle classes of society in large cities, in an unwholesome atmosphere, is not a questionable fact. It has been remarked, by all authors, that scrofula prevails in the low, damp, confined and filthy quarters of cities and villages. Fournier and M. Begin have particularly noticed this fact. M. Richerand says that the greatest number of scrofulous patients

received into the St. Louis Hospital, come from the quarters of Halle and the faubourg St. Marceau. There are in these quarters, an assemblage of houses five and six stories high, with narrow streets, where the rays of the sun scarcely ever penetrate. Into these houses, which are badly constructed, there are crowded a numerous population. M. Richerand further remarks, that no town presents a greater number of scrofulous patients than Troyes, in Champagne. The streets in this town, are narrow and the houses badly constructed. The working people are rather heaped together than lodged in these miserable abodes. There are a great number of weavers who pass their lives in workshops, too small and too confined for the number of individuals, in which the air, soon vitiated, is hardly ever renewed; for they pay no regard to ventilation.

The same cause of insalubrity exists in Spittalfields, in London, of which the entire population is scrofulous. M. B. thinks we cannot accuse the cold damp air of Spittalfields with producing the disease, since this cause obtains to a greater degree near the Thames where scrofula is not near so common. I would here remark, (not M. B.), that although the inhabitants of Spittalfields may live in a more confined air, as in truth they do, than the people near the river Thames, and, therefore, are more scrofulous; yet we should not exclude the influence of cold and damp air from the catalogue of causes. Confined air may be sufficient in itself, when continually breathed, to produce the disease, but the other cannot be inert. Whenever a supposed cause of disease may or may not act, we may exclude it; when we have, without it, a sufficient cause: but where it *must exert* a powerful, and at the same time a continual influence upon the living system, *we cannot exclude it.* The same reasoning applies with equal force to the influence of the sun's rays; vegetation withers from the want of solar light, and animal life *must be* greatly affected by it. At Spittalfields, there are operating three causes of disease upon its wretched inhabitants. The houses are many stories high, and crowded together, so that there is a want of light, with a cold damp atmosphere; to counteract which latter, the miserable people crowd together in a close room, scarcely large enough for one person, by which means they add to the two unavoidable causes of disease, a third, a corrupted air, perhaps worse than either, or both of the others. Such in fact, will generally be found to be the condition of things in most cities where scrofula prevails.

There exists in large cities, a class of inhabitants in comparatively comfortable circumstances, among whom scrofula is very prevalent.

We have reference to the shop-keepers, (marchands en boutique), who live in very confined rooms. They pass the day in a small room on the street, the windows of which are but seldom

raised. They sleep in a back room, which also serves for an eating room. When they have a bed or family room elsewhere, it is small and confined. Living as they do, they pass not less than eight hours in an atmosphere altered in the relative proportion of its constituent elements. It is not possible for us to be mistaken as to the cause of the disease in this case; if we bear in mind that the children of these people, which are the subjects of the malady, are the descendants of parents, who, for the most part, were born and reared in the country, and are every way healthy: they have every proper attention bestowed upon them as to food and clothing. It may be objected, that these children do not remain all day within doors, that they are frequently taken out to promenade. But there pass many days during which they do not go out at all. They do not remain out more than four hours each day, often not so long. They are then compelled to breathe an impure air for twenty hours out of twenty-four, or four-fifths of the day.

In the exposition of the causes of scrofula, but few authors have taken any notice of the hygienic circumstances in the midst of which the subjects of it pass their nights. White accuses the too continued sleep of infants with determining scrofula in them. But he speaks only of sleep itself, and of the circumstances which favor it, such as rocking the cradle, singing the baby to sleep, and paregorics. Kortum, says M. B., is the only author who, to his knowledge, has come up to the true cause. He says, maxime nocet somnus nimius, si in lecto sordido, madido, vel in cubiculo quod vitiatus aer replet, capitur. I give the Latin as does M. B., for a reason which the Latin reader will appreciate.

In fact, it is not so much, too much, or too little sleep, that does injury, as the respiration of impure air. Sleep or awake, this vital function continues. In these confined chambers, during the hours of repose, that is from eight to ten hours or longer, the lungs act upon air more or less vitiated. Respiration is incomplete, in so much as the change of black blood into red blood is imperfect; and so much the more so as the air at every inspiration contains less and less oxygen. We can readily conceive that blood so imperfectly oxyginated must exercise upon nutrition and growth, a most hurtful influence. Hence arises scrofula.

No one has ever yet given a satisfactory reason for the development of scrofula in children belonging to the comfortable and wealthy classes of society; in children who are well fed, receiving all proper attention as to dress and cleanliness; in children who dwell in large and spacious apartments, well ventilated, and which are situated in the most healthful quarters of the town or city. As we commonly wish to explain every thing, we have recourse to suppositions more or less gratuitous, with which a mind disciplined to strict induction will not be content. It is thus that we attribute the malady to an interior vice, so much concealed that it would be

impossible to prove its existence; or rather, we will mount up through two or three generations, direct or collateral, to find some presumptive hereditary predisposition; or, may be, we will suspect some syphilitic taint, which we must refer back one or two generations, when the parents are so obstinate as to deny that they have or have had pox; sometimes we prefer accusing them with lying.

No one, it appears, has thought of inquiring as to the size and arrangement of the bed chamber; as to the care they take to *ventilate it*, and the length of time the children remain in it. It is there, nevertheless, we will often find the cause of the evil. They pass the night in a narrow chamber, almost hermetically sealed, in an alcove about which the curtains are carefully drawn—with us, rich people have curtained beds. They isolate themselves, so to say, in a pent up atmosphere, respiring, during eight or ten hours, an air which cannot be renewed. Is there not here a sufficient cause.

The manner in which children are put to bed, merits also the greatest attention. Some children are in the habit of sleeping upon the belly, with the face upon the pillow; many more of which, perhaps there is a majority of children, sleep with their heads covered; indeed, it is a common practice to swaddle up infants in such a manner that they cannot be seen. Children commonly sleep after they are a year or two old in trundle beds, which, during the day, are rolled under the bed of their parents. We have frequently seen these trundle beds rolled a foot or two from under the large one, and that perhaps a curtained bedstead, on which, a short time after the children were put to bed, perhaps three or four, they had gotten completely under the bed of their parents, and they are very liable to do so, where they sweat and smother till morning.

Baudelocque mentions an interesting case of a boy 10 years old, who became scrofulous after he was 7 years of age; having been previously healthy, and the offspring of healthy parents. He submitted this boy to the most approved treatment, hygienic and therapeutical, but without success. He at last found out that the boy, who was put out from home at the age of 7, was in the habit, through fear, of sleeping with his head covered. So soon as he corrected this bad habit, the boy speedily recovered, though he had upon his neck two fistulous ulcers, besides numerous glandular enlargements.

It has, for a long time, been thought that it was detrimental to children to sleep with old persons, while at the same time it was advantageous to the aged and feeble to sleep with the young. Such was the advice given to King David in his old age, "that my Lord, the King, may get heat." M. B. thinks that the injury results to the child principally from its head being necessarily covered when the bed-clothes are drawn over the shoulders of the adult; but the

child is injured in two ways: 1st, by having his blood deprived of the proper quantity of oxygen, and being compelled to breathe a corrupt air over and over again; and 2dly, by being compelled to generate more animal heat than his own body requires; which, according to the views of Gresenthwaite and Prof. Liebig, must greatly affect the child's health and growth. It is because up to the present time, too little importance has been attached to *alteration of the air*, that we have not recognised in it a cause of disease. The writings of the two authors referred to, will, we have no doubt, speedily give rise to sounder views on this vital subject.

There is a frequent cause of feebleness and ill health, and may be of scrofula too as our author thinks, to be found in the arrangement of school rooms. Children are constantly crowded together into rooms much too small to hold so many—into rooms which are badly ventilated. A man may easily satisfy himself of the agreeableness of such places, by going into one of them an hour or two after the school has assembled. Some of these rooms are so oppressive that one can hardly breathe in them; and so soon as he gets out into the fresh air, he finds himself taking deep inspirations from this fountain of life.

We would here remark that, in our opinion, scrofula among negroes, so common in this country, may be accounted for when we enquire into their manner of living, and especially their manner of sleeping. The disease prevails both in the towns and country. In the towns, negroes live very commonly in the cellars. In Louisville, where the disease prevails to a considerable extent among the negro population, the houses are built with two rooms on a floor, only one of which front on the street; if there are more rooms on a floor, they are in the rear of the street, with a passage leading back. There is a cellar or basement story, the front room of which is the receptacle for wood or coal and the cellar rooms in the rear are occupied by the servants. This I have been informed by a medical friend who has practiced medicine in them, is the usual construction and mode of living. The cabins of negroes in the country are generally small, and sometimes close; if there is a window, it is fixed in the wall. But the cabins are not often close enough to exclude the air. It is their manner of sleeping which is most objectionable, and this applies to negroes both in town and country. From the want of comfortable and commodious beds, they are much in the habit of crowding together. I need hardly state a fact known almost to every one, that negroes almost always sleep with their heads covered. The children, generally, sleep with their parents, and their heads, as above remarked, are necessarily covered. When to this cause, which Baudelocque allows, we add dampness, (their houses or rooms have dirt or brick floors,) uncleanliness, and gluttony, which latter is very common in the Western States, where meat is so plenty causes which ob-

tain in almost every negro family; and which M. B. does not deny as auxiliaries; I think we may say that in most cases, in these consist the seeds of disease, rather than in hereditary predisposition, especially when the latter cannot be clearly made out.

[TO BE CONTINUED.] J. C. D.

BIBLIOGRAPHICAL NOTICES.

An Exposition of the Pathology and Treatment of Tubercular Phthisis. By SAMUEL FLOOD, M. R. C. S. L., &c. 12mo. pp. 82. London: Simpkin and Co.

THIS subject, hacknied by some commentator or other in every street, has, we think, found a faithful interpreter in Mr. Flood. If brevity be the soul of wit, as it assuredly is, this little volume may boast of one quality, at least, of a rare jewel, for it affords to us, in the brief space of eighty duodecimo pages, or thereabouts, a clearer insight into the pathological cause of phthisis, than is presented in nearly all the elaborate works on that disease by which it has been preceded. The *primum mobile*, the real source of this wasting scourge of humanity, has been strangely overlooked or mistaken, both by authors and practitioners, who, in the words of the book before us, instead of "endeavoring to check the torrent itself, occupy time in intercepting the straws which only serve to show how the current is running." The object of the medical attendant has but too often been to quiet the cough and stop the purging or the night-sweats, &c.; and he has only given temporary relief to the patient, instead of striking at the root of the evil, and prescribing for the *marasmus* which is the most strongly-marked and formidable symptom of the malady. Phthisis, Mr. Flood shows to be essentially and fundamentally a defect in the function of nutrition, from disease of the mesenteric glands and consequent obstruction in the lacteal vessels and the progress of the fluid they carry. And although he neglects neither a careful attention to the state of the lungs, nor the necessity of keeping up the strength of the patient, yet to these indications he adds a third, that of restoring, if possible, the healthy state of the mesentric glands,—an indication possessing, as he considers, an importance which is decidedly paramount to that of the other two. Mr. Flood asserts that consumption, so far from being irremediable by medicine, is, if attacked sufficiently early, perfectly *capable of cure*, though not by

the medicinal agents which have hitherto been those mostly employed for combatting it. The means by which he proposes to effect a cure are, however, within the reach of every medical practitioner, *iodine* with cantharides being the sheet anchor of the treatment recommended.

"In every disease (says Mr. Flood) having a scrofulous origin, *iodine* stands pre-eminent, but in the treatment of phthisis it is quite unsuccessful except in combination, and the medicine with which I combine it is *cantharides*. The mixture of iodine and cantharides seems sometimes to act as a specific. I have seen disease yield to it at once, which has obstinately resisted the iodine alone for months. * * The proportions I have generally used are, for an adult, iodine half a grain, iodide of potassium a grain, and tincture of cantharides twenty minims, in some appropriate menstruum. * * In reference to its administration, I prefer giving it immediately after every meal, as it then becomes intimately mixed with the food, and is presented uniformly with it to the mouths of the absorbent vessels. Its beneficial action is very much promoted if it be omitted for a day occasionally, and if on such days a brisk purgative of calomel and rhubarb be substituted."—pp. 40, 41.

In the two pages preceding, Mr. Flood points out that when the mesentric glands are to be felt prominent and enlarged on exploration of the abdomen,—

"And especially if the examination discovers any tendency or any signs of uneasiness on pressure, a few leeches may be applied with marked advantage, and these may be repeated; or from four to six ounces of blood may be withdrawn by cupping. This loss of blood should be followed immediately by a blister, which, however, should not be permitted to heal up in the usual way, but the cuticle being stripped off it should be dressed with iodine ointment, and such blisters may be repeated over and over again for many weeks, taking care to have them only of a moderate size, and altering the position of each successively to a different part of the abdomen. * * When we can no longer continue the blisters the good effects of the medicine may still be kept up by laying over the whole of the abdomen an iodine plaster, spread on leather, in the proportion of a drachm of pure iodine to an ounce of emplastrum resinæ."

In extracting thus largely, if we have stepped somewhat out of the *legitimate* province of the reviewer, the acuteness of the views which lead to the above practice, coupled with the lamentable frequency of phthisis, form an ample apology. Mr. Flood suggests the employment of transfusion, not only in extreme cases, to enable the worn-out system to grapple a little longer with the disease, but in the course of the treatment, before the patient's powers are exhausted. And in the course of his work he cites several examples which ought to warn modern surgeons against hastily amputating diseased limbs in subjects of a scrofulous habit, the disease in the extremities being very frequently a salutary metastasis of the

morbid tendency, which would otherwise develop itself in the vital organs. The author considers the scrofulous tendency which disposes to phthisis, glandular enlargements, &c., as dependent on a "diseased condition of the blood," a supposition which must, in the present state of our knowledge, be regarded in the light of a pure hypothesis. But there is little else of an hypothetical character in the work, which, so far as it goes, we consider to be among the best practical treatises on this particular subject which have yet appeared, and we have in so saying the writings of preceding authors, from Laennec downwards, in memory.—*London Lancet.*

On Nervous Diseases originating from Morbid Derangement of the Liver, Stomach, &c., occasioning Low Spirits, Indigestion and Gout, &c. By Geo. R. Rowe, M. D., F. S. A. Fifth Edition, enlarged, 1842. London: J. Churchill. 8vo., pp. 171.

This work has reached a fifth edition—at least a proof of some eagerness on the part of the public to learn what a legally-qualified medical practitioner has to say on the subject of practice in which the quacks generally run away with the *profits*. The origin of hypochondriac affections in an unhealthy state of some of the chylopoietic viscera forms the chief topic of the treatise, the value of which is enhanced by its practical nature. The researches of Drs. Wilson, Philip, Paris, J. Johnson, Combe, and others, on diet and digestion, are pretty well known, but Dr. Rowe, the first edition of whose work appeared in 1820, claims, with justice, a priority of authorship, over these and many other writers in this field of inquiry, while he yields to none in a methodical treatment of his subject. Having in a manner equally intelligible to the unprofessional and the medical reader, pointed out the intimate sympathy between the great nervous centre and the stomach, &c., and enumerated the most striking symptoms manifested in the functional derangement of the latter, he states concisely the axioms which guide his general treatment of disorders of the digestive organs. This treatment is detailed in a succession of cases, presenting a variety of symptoms, clearly and satisfactorily narrated. The continual occurrence of similar cases in practice gives to these a wide interest. Though for the most part indulging a hearty concurrence in the sentiments of Abernethy, the author has, throughout his book, eschewed a bigoted adherence to any unbending system of practice, frequently availing himself of the experience of his *collaborateurs* in this department of medicine, with honest acknowledgments of his authorities. Some general rules are laid down by Dr. Rowe, towards the close of his volume, for the preservation of health, which are well worthy the attention of non-medical readers.

Practical Observations in Midwifery, with cases in illustration.—By John Ramsbotham, M. D., &c., 2nd Edition, revised, in one vol. London: S. Highley and J. Churchill. 1842: 8vo. pp. 501.

A first-rate production, combining advantages, as a work of instruction and admonition, which only long personal observation and practical experience could supply, compared, improved, and completed by a discriminating study of the labors and discoveries of modern contemporary writers. We shall make one extract from it, and that from the preface, showing the opinion of *an authority* on a question of particular interest to accouchers:

"The discovery of the singular effects of the ergot of rye upon the gravid uterus have introduced a new and powerful agency into obstetric practice. I certainly continued for a length of time sceptical as to its active power, but I am now ready to acknowledge, and duly to appreciate its influence. Yet even now I have my doubts, upon a general principle, whether its introduction ought to be hailed as a boon, or reprobated as an evil. I have long been of opinion that officious interference in the practice of midwifery does much mischief, and cannot be too much censured. The mere possession of such an agent may induce practitioners to have more frequent recourse to its exhibition than is absolutely necessary, either with a view of saving their own time, or under the more specious pretext of shortening a woman's sufferings.—But if a labour be going on safely, though slowly, I hold that a high degree of responsibility attaches to any attempt to hasten its termination, since such attempts may possibly implicate the mother or her infant in a state of hazard; and it would be a dangerous axiom to be established in midwifery, that because you had the means within your power of terminating any given case, therefore you ought to take advantage of those means. The serious character of officiousness, as well as the imputation of neglect, ought to be equally and carefully avoided.—*London Lancet.*

Report of the Pennsylvania Hospital for the Insane, for the year 1842. By Thomas S. Kirkbride, M. D., Physician to the Institution. Philadelphia: 1843. 8vo. pp. 50.

This is a most interesting and instructive Report, and highly creditable to the source from whence it emanates. The Pennsylvania Hospital for the Insane is now completed, and fully organized.

"It is situated about two miles west of Philadelphia, on a fine farm of 111 acres of fertile and undulating land, upon which are several groves of fine forest trees, and streams of running water; its buildings, (with the pleasure ground, garden, and deer-park, comprising 41 acres,) are surrounded by a substantial stone wall, more than a mile long, and ten and a half feet high,—so admirably arranged, that while it is scarcely seen from the hospital—it affords that perfect quiet and pri-

vacy which could not otherwise be obtained, and without interfering with the views of the fine scenery and stirring objects beyond it. The hospital—imposing in appearance—fire-proof—and constructed in the most durable manner, contains 204 chambers for patients and their attendants,—numerous handsome and well furnished parlours,—spacious and extensive corridors,—abundant means for ventilation and warming the whole with heated air—a bountiful supply of water in every part, and numerous fixtures and arrangements, specially intended for the comfort and treatment of its inmates. To these may be added, the buildings necessary for conducting the farm—for the residence of several engaged on the premises, and a fine workshop for the employment of the patients."

All this, too, has been done from a fund especially created for the purpose.

Passing over many interesting details, for which we refer our readers to the Report itself, which show an increase in the number of admissions, and a decided gain in the number of cures and discharges, we shall pass to the subject of treatment. The importance of early treatment is strongly and properly urged. In addition to its propriety on the score of humanity, much is gained in economy, and individuals and communities are both largely benefitted. This statement is confirmed by reference to the register of the institution.

The avoidance of deception in the treatment of the insane is insisted on, and the inconveniences and impropriety of a contrary course fairly stated.

An outline of the treatment pursued in the Hospital is given, and is in strict accordance with that most generally adopted in the best institutions abroad and in our own country, and one calculated to inspire general confidence, and dissipate any prejudices which may exist on the part of the relatives of those who are thus afflicted.

The *moral* treatment, all important in cases of insanity, receives every attention in all its varieties and details. Free and systematic exercise in the open air, working at some trade, regular labour on the farm, &c.—all serve to calm nervous excitability, and break up a vicious train of thought.

"Next in importance to these means, and available for a much larger number of those who enter this institution, is regular daily exercise, by long walks in the country; always, if possible, for some definite object, as a view of fine scenery—the examination of some public work, or the inspection of a manufactory. Our proximity to the city of Philadelphia has afforded us an almost exhaustless variety in these objects to which those who were suitable, have resorted during the entire year. Almost every point of interest within four or five miles has been frequently visited,—not only preventing the monotony of the parlors and halls, but offering to our patients interesting objects and subjects for

pleasant reflection afterwards. A great variety of public works, finished and in progress—numerous manufacturing establishments—the Mint—Girard College—the Water and Gas Works—the Institutions for the Blind, and for the Deaf and Dumb—the Navy Yard, and the Hospital in the city, are only a few among the points that have been reached by our walking parties. Many of the exhibitions in the city—some lectures and concerts, and, occasionally, a public meeting, have also been attended.

"Many of the patients have full liberty to walk wherever their pleasure leads them, but an attendant generally accompanies a walking party. I do not recollect, except, perhaps, in one or two instances, the slightest violation of the confidence implied by these indulgences. There are some patients whose promises are as good as any guard that can be placed about them, and the violation of pledges among the insane, is much more rare than might be expected."

When the mental and physical condition of the patient forbids the excursions, exercise is taken within the enclosure, in a carriage, or on the pleasure railroad. The library is in constant demand, especially the periodical department.

"Writing—drawing—painting—the study of the mathematics, and other branches of learning, have tended to beguile many tedious hours. Several gentlemen have been usefully engaged in imparting instruction to others in the same ward, and two have been improved by giving regular lessons, for a short time, in one of the modern languages."

Several patients have been benefitted by associating with and instructing others. Games and music fill up many vacant hours, and are much enjoyed.

During the past summer a concert was given in the large hall of the centre building, and was attended by seventy patients, who were all delighted. In the last volume of this journal we gave an account of an interesting exhibition at Bicêtre, the insane hospital near Paris, which many of our readers will doubtless recollect. One of the leading pupils of the Conservatoire is a resident within its walls, and already much progress has been made in music.

On Christmas and New Year's eve parties were given, which passed off pleasantly and merrily. By the last report of the Hanwell Asylum, near London, the largest insane asylum in Great Britain, containing about a thousand patients, under the care of Dr. Conolly, we find that on New Year's eve nearly 300 female patients participated in an entertainment, and that among these were nineteen patients, who, under the old system, were always in restraint. The matron's birth-day was celebrated, too, by a general fete.

Restraint is nearly banished from the code of the institution, and during the last year no restraining apparatus has been used, except in two cases. The only indication recognized for its use is the benefit or safety of the patient. In all, or nearly all, the in-

sane asylums of Great Britain it has been abandoned. Dr. Conolly, in the Report just alluded to, thus records his deliberate opinion, "at first encouraged, with much diffidence," that "the management of a large asylum is not only practicable without the application of bodily coercion to the patients, but that, after the total disuse of such method of control, the whole character of an asylum undergoes a gradual and beneficial change."

We regret that our limits do not enable us to do more justice to the admirable system pursued in this well-conducted institution. The perusal of the report will repay all who delight in the holy triumph of genuine philanthropy, and all will be ready to exclaim in the language of Dr. Conolly, who has done, himself, so much towards the establishment of the system of non-restraint, that

"Insanity, thus treated, undergoes great if not unexpected modifications, and the wards of lunatic asylums no longer illustrate the harrowing description of their former state. Mania, not exasperated by severity, and melancholia, not deepened by the want of all ordinary consolations, lose the exaggerated character in which they were formerly beheld. Hope takes the place of fear; serenity is substituted for discontent, and the mind is left in a condition favorable to every impression likely to call forth salutary efforts. A chance is thus afforded, to every impaired mind, of recovery to an extent only limited by causes which no human art can remove."

MISCELLANEOUS GLEANINGS.

Cure for Hydrophobia.—At Udinas, in Friule, a man was cured of hydrophobia by some draughts of vinegar, given him by mistake. A physician at Padua tried the same remedy upon a patient, giving him a pound of vinegar in the morning, another at noon, and a third at sunset: the man was perfectly cured.—*Magnet.*

Bleeding at the Nose.—A communication on Nasal Hemorrhage was lately read at the Aacademy of Sciences at Paris. The author, M. Negrier, announces, that bleeding from the nose may be almost instantaneously checked by raising the arm on the same side as that of the nostril from which the blood flows. It is well known that such hemorrhages are often formidable, and sometimes fatal. This, as the Washington Spectator remarks, is important, if true.—*Magnet.*

A new method of Administering Quinine.—By Dr. Guastamacchia. The author's object was to find some method of avoiding the disgust which the bitterness of quinine always excites; and after repeated trials,

he says he found it best to dissolve eight grains of the sulphate in half an ounce of rectified spirit and rub it, in two doses with an interval of a quarter of an hour between them, along the spine. In intermittent fever this should be done at the beginning of the cold fit; and it very often prevented even a single recurrence of it.

Fracture of the Clavicle without Displacement.—In some cases of the fracture of the clavicle occurring about the middle of the bone in young subjects, displacement of the fragments does not immediately take place, thus giving rise to a risk of an error in diagnosis, by which the ultimate probability of a cure is diminished. A lad, seventeen years of age, was recently admitted into the Hotel-Dieu, under the care of M. Blandid, having a few days previously, fallen upon one of his comrades while playing with him, when he instantly experienced pain, and a cracking sensation about the middle of the left clavicle, where there soon formed a tumor, which, increasing, induced him to enter the hospital. On examination, the swelling was found to occupy the middle of the clavicle; it was about as large as half a hen's egg, ovoid in shape, well circumscribed, colorless, and hard, but sensible to pressure.—There was not any deformity of the shoulder, nor any abnormal modification of the axis of the bone, to indicate the existence of a fracture, and although the different movements of the arm caused pain in the shoulder, yet they could be made without much difficulty.

The symptoms in this case would lead to the belief that it was a case of simple periostitis, caused by external violence; but M. Blandin at once decided that there existed a fracture of the bone, having seen a similar case previously at the hospital Beaujon, where the tumor was treated as traumatic periostitis, the patient merely carrying his arm in a sling, until, by a sudden movement of the limb, displacement of the fragments was produced, and clearly demonstrated the existence of a fracture. A second case occurring soon afterwards, M. Blandin profited by the experience gained from the preceding, and by moving the fragments of the broken clavicle on each other, obtained motion and crepitus. Still these indications were not so clear that M. Marjolin could diagnosticate a fracture; he was of opinion that the case was one of exostosis, probably syphilitic, and the crepitus he believed depended on an erosion of the osseous surface. In consequence, the patient was left to himself, until a movement of the arm gave proof of the fracture by the displacement of the broken portions of the bone.

Two other cases occurring in young subjects have been admitted since into the Hotel-Dieu under the care of M. Blandin, one of whom was purposely left without surgical assistance, while Dessault's bandage was applied to the other. The former soon showed evidence of consecutive displacement; the latter was cured without any deformity following.

The surgeon may diagnose a fracture, without displacement, of the middle portion of the clavicle, when a circumscribed tumor forms in that part in young subjects, consecutive on a fall on the shoulder, and motion of the fragments with crepitus can be detected, there not being any syphilitic taint in the constitution.

M. Blandin considers the elasticity of the periosteum, and the carti-

laginous layer covering the bone in young subjects, as the cause of the broken portions of the bone not separating from each other until after a fresh action on the part overcomes the resistance offered by the fibrous envelope. The five patients who came under his notice with this accident were all under twenty years of age.—*Prov. Med. Journ., from Journ. de Med. et. Chir. Prat.*

An Antidote to Arsenic.—The efficiency of the hydrated oxide of iron as an antidote for the poisonous effects of arsenious acid, has been tested in the following case, reported in the "Journ. de Chim. Med." for August of the last year:—M. Josse ordered an emollient mixture for a patient who was ill with tubercular phthisis, in its suppurative stage, attended with diarrhœa; for which mixture a packet of bolusses, intended as poison for rats, was sent from the apothecary's in mistake. These bolusses being found too large to be swallowed whole, one was divided, and a half taken. But a person present, fearful of some mistake having been committed, took occasion immediately to inform M. Josse, who presently ascertained that the patient must have taken sixty centigrammes, or ten grains, of arsenious acid. After white of egg had been administered, some means were employed to provoke vomiting; but these proved ineffectual. M. Josse now gave three ounces of hydrated tritoxide of iron, in a convenient vehicle, and with the happiest possible result, none of the usual symptoms of poisoning supervening. Forty-eight hours afterwards the patient passed a black-looking stool, and obstinate constipation lasted during many subsequent days; but no other inconvenient symptoms ensued, and the constipation not only had no permanently ill effects in the case in question, but was advantageous in causing the cessasion, for a period at least, of the diarrhœa. Let us remark here, that we should be on our guard against the ill effects due to some of the *bonbons*, or sugar-articles, with which many shops in London are stocked. Dr. Theirfelder, of Meissen, reports the case of a child, four years of age, who, after having eaten of some of those sweetmeats, representing French beans, was attacked by spasms, colic, vomitings of mucous and bilious matters, diarrhœa, and a great inflation of the abdomen. The child being, fortunately, of a strong constitution, recovered in a few days under the use of mucilaginous drinks, anodyne poultices, and a few other diluent and palliative remedies. But the effects might not have been so readily got rid of, had the constitution been less able to resist disease; the sweetmeats were found on analysis to owe their green colour to arsenite of copper.—*London Lancet.*

The Salss of Quinia.—Prince Lucien Bonaparte has been making further researches on these medicinal agents. We have already once alluded to his experiments. He now recommends the employment in practice of both lactate and valeriante of quinia in preference to the sulphate, the latter not producing those functional derangements in the nervous system which the sulphate sometimes causes; and the former on account both of its greater solubility and more energetic action. The fact, established by various physicians in the Roman Maremme, that quinia alone, or its hydrate, is more efficacious as a remedy for inter-

mittents than the sulphate, the prince considers due to its being converted into a lactate by the lactic acid of the gastric juice. This opportunity may be taken to mention (see Gaz. des Hopitaux) that attempts have been made to combine quinia with ferrocyanic acid, and a substance entitled *hydro ferrocyanate of quinine* has crept into pretty extensive use among French practitioners. But M. Pelouze has ascertained that this substance is in reality nothing more than quinine mechanically mixed with a little Prussian blue, the consequence of spontaneous decomposition of the acid.—*London Lancet.*

Fortitude of the Mind during Operations.—To the Editor of the Lancet. Sir,—That the fortitude which is necessary to enable a patient to bear a surgical operation without making any exclamations of suffering can be produced through the mind only, without having recourse either to mesmerism or opium, the following instances, among many others that I could adduce, sufficiently testify.

When the late gallant officer, Sir Thos. B. Thompson, Bart., lost his leg in action, it is well known that he was singing during the time the amputation was being performed. A monument to the brave admiral is erected in the burial ground of this institution, and in the same ground is one to a seaman of the *Leviathan*, who was wounded in the battle of Trafalgar, and of whom the epitaph states that "In this he shares but in common with many others, the praise and the glory of having died in defence of his country; but he farther signalised himself by a display of fortitude which is not surpassed in the records of naval intrepidity.—The severity of his wound required the amputation of his left arm."—Some part of the epitaph is here worn away by time, but it goes on to state that "while the amputation was performing he was exultingly singing the patriotic song of '*Rule Britannia.*'" Another seaman in this hospital, who was undergoing amputation of his leg without a murmur, jocosely told the surgeon, "Avast a little till I take a pinch of snuff," coolly took the box out of his waistcoat pocket, and after having ceremoniously offered a pinch to the assistant surgeon, took one himself, and the operation was finished without his having uttered a moan! In neither of these cases was there any mesmerism, and if ever I have wanted to tranquilise a man who was about to undergo a painful operation, I have done it by working upon his mind through his ears (not by waving my hand before his eyes,) and have over and over again succeeded in creating in my patients a fortitude and resolution under which they have never murmured during the operation. I cannot help thinking that this is the only way in which such an effect can be produced, and from this you may infer what my opinion is of mesmerism. I am, sir, your most obedient servant,

R. Dobson,
Inspector of Hospitals and Fleets.

Greenwich Hospital, Jan. 9, 1843.

Belladonna in Phthisis.—M. Delhaye appears to have derived the most signal advantage from the use of belladona in tubercular phthisis and the tedious nervous cough which is so often the precursor of con-

sumption. He administers the powdered root in a quantity varying from half a grain to a grain, in one or more doses, during the twenty-four hours. Where irritability of the stomach exists, however, he prefers the extract or tincture of belladonna. Of the former he gives about the same quantity as of the powdered root, and of the latter, from twenty to thirty drops during a like period. He says, also, that the tincture is one of the best palliatives of the diarrhœa that supervenes in the latter stages of phthisis. But at all times he regards, as an indispensable condition for the employment of this medicine, that the stomach should be in a tolerably healthy state, a decided contra-indication of the use of belladonna being the presence of gastro-enteritis, so usual a concomitant of chronic disease of the lungs.—*Archives de la Med. Belge.*

Consumption.—"Mr. J. Murray wishes to be allowed to remind the profession that "the principles which he many years ago eliminated in his "Remarks on Consumption," seem to be the *true* elements of ultimate cure, if he may judge by the steady progression of medical research and opinion towards their adoption. Contrary," he says, "to the then prevailing systems of bleeding and depletion, conjoined with the minimum of sustenance, I uniformly advocated a generous diet, so considering the disease essentially as one of debility. Inflammatory action to be curbed, or checked, or subdued, by the exhibition of small doses of chlorate of potassa, &c. I have lived to see these principles, once repudiated, now triumphant."—*London Lancet.*

The Editor has, for many years, opposed, both in his public lectures, and privately, the practice of restricting consumptive patients to a meagre regimen, and contended that they should use a nutritious, invigorating and generous diet. He is pleased to see that similar views are gaining ground in England and on the Continent.—*Ed. Recorder.*

Turpentine in Hæmorrhages.—By W. Hughes Willshire, M. D., M. B. S. Lecturer, &c.—I consider the profession highly indebted to Dr. Copland for the strong manner in which he has drawn the attention of practitioners to the remedial powers of turpentine in hæmorrhages generally. I have used this agent very extensively, and in no case but one has it failed where it was employed; this was a case of hæmatemesis. I regard it as one of the most able weapons in the hands of the practitioner, and, as Dr. Copland has remarked, when absorbed into the circulation its astringent effects on the capillaries are remarkable. It has, besides, this great value, that it acts more quickly than any other astringent, and I have seen hæmoptysis which continued in spite of other remedies yield at once to this. In one case, I remember, the discharge supervened after the turpentine was omitted, and ceased again on having recourse to it, came on once more and disappeared again as the turpentine was omitted and renewed, and the succesison of phenomena were rather rapid, though strongly marked; in this case the turpentine was continued for some time after the last discharge, and no more occurred. It has, again, another advantage, that it may be administered both in the active and passive forms of the disease, if due regard be paid to

the vital powers of the patient. Large doses reduce the power of the heart and constringe the capillaries after the temporary excitement of the nervous system, which, it is confessed, it often, but not always, produces; but as Dr. Copland has remarked, however, with respect to one sequence of its local action, this general nervous derangement soon subsides, in such doses it is valuable in the more active conditions. In smaller doses it strengthens the minuter vessels and alters their powers so as to restrain their sanguineous effusion without lessening the vigour of their vital powers generally, and thus it is adaptable to passive states of the disease. In those cases in which smaller doses have been employed, I hold it to be necessary that it be continued some time after the last ejection of blood."—*London Lancet.*

This practice was recommended to the *pro tem* Editor, in 1837, by Dr. McLane, of Russellville, Ky., and used with success.

"*Diabetes Cured by Iodide of Iron.*—B., a man forty years of age, of a naturally strong constitution, and who had usually enjoyed good health, became subject, without any known cause, to a difficulty of digestion, accompanied by a feeling of tightness in the epi-gastric region, diminished appetite, insatiable thirst, increase of urine, and, in short, all the other symptoms of diabetes, on which account, a few months since, he went into the Hotel Dieu, at Paris. For three weeks previously he had passed daily between three and four gallons of saccharine urine, when he was put on a course of ioduret of iron to the amount of about fifteen grains in the twenty-four hours, in four doses, accompanied with a generous diet, which, however, had been previously employed alone without any salutary effect. Under this treatment the quantity of urine began at once to diminish, and in three days the quantity passed daily was less than three gallons, and the urine contained much less sugar.—The thirst also was considerably lessened. Within a short time afterwards the quantity of urine had decreased to a gallon daily. The same treatment was continued which had been pursued throughout, and five days aftewards the patient was discharged cured."—*Gaz. des Hop. October*, 1842.

"*Epilepsy cured by Indigo.*—An Italian physician, named Podrecca, states that he has obtained the cure of some obstinate cases of epilepsy by the employment of indigo, either alone or in conjunction with other antispasmodics. When he prescribes indigo alone, it is usually to an amount varying from half a drachm to a drachm and a half in the twenty-four hours. The addition of castor and assafœtida he has found of material benefit; but all the power which the combined medicaments exhibit of materially checking epileptic disease he attributes to the indigo, the other two ingredients being wholly ineffectual by themselves for that purpose."—*Memoriale della Med. Contemp.*

The use of Indigo, in Epilepsy, has been taught for years, by the Professor of Materia Medica and Therapeutics in Transylvania University.

Remarkable Case of Congenital Small Pox.—A woman, twenty-four years of age, entered the Maternity Hospital in Paris to pass her first confinement. Labour commenced two days after her arrival; and after the lapse of fourteen hours (*jours*, says the original, but this is evidently an error,) she was delivered of a female child. The face, scalp, and different parts of the child's head were covered by a pustular eruption, which was soon recognised to be veritable small pox. The mother retained the marks of vaccination, and stated that she had never had the small pox; nor during her pregnancy had she had any connection with persons suffering under that disease, nor even heard of its prevalence in her neighborhood. Only, about eight or ten days before, she had gone to see a patient at La Pitié, near whom lay another patient in the small pox. She had paid no attention to this circumstance till recalled to her recollection by minute inquiries. No untoward effects insued, either to mother or child, and both left the hospital in perfect health soon afterwards."—*Bulletin de l'Acad. Royale.*

Secondary Pneumonia.—M. G. Grisolle (*on Pneumonia*) devotes a long article to a consideration of the influences under which secondary pneumonia is developed. It may be said generally, that fever and weakness are the two principal causes of the pneumonias which supervene in the course of other diseases. Of 197 children, laboring under gangrene of the mouth, croup, hooping-cough, measles, small-pox, enteritis, in 90 pneumonia appeared to be the principal cause of death. The anatomical appearances of this disease were found in seven-eighths of those dying with croup, in one-third of those dying with measles, enteritis and hooping-cough. Those who have observed children between the ages of 2 and 15, agree that when the subjects of epidemic measles they are very frequently affected with pneumonia, which, at the same time, is generally the cause of death. The same, however, is not true of adults, except in occasional epidemics. Thus, this complication has been observed by M. Grisolle in only one-twentieth of his cases.—Smallpox at all ages is less frequently complicated by pneumonia than measles; but scarlet fever is, of all eruptive diseases, that in which the lungs are most rarely the subjects of inflammation. M. Grisolle has never met with a case in which this has taken place. MM. Rilliet and Barthez have not observed any, and of ten cases of scarlet fever reported by M. Becquerel, one only was complicated with pneumonia. The same fact has been noticed in several epidemics of scarlet fever; but of the anasarca succeeding to scarlet fever, pneumonia is a frequent complication. Glanders and phlebitis are the two acute diseases in which pneumonia most frequently supervenes. In puerperal fevers, accompanied with uterine phlebitis, the lungs are often inflamed, whilst of 52 cases of metritis, in which an autopsy was made by M. Grisolle, the lungs were free from inflammation in every case. In capillary phlebitis of the bones, coming on after amputations in the continuity of limbs, after wounds of the skull, hepatization of the lungs is frequently met with.

In one-seventh of the cases of typhoid fever observed by M. Grisolle, and in one-fifth of those under the observation of M. Louis, pneumonia supervened in the course of the disease, and this same disease is met with

in about the same proportion in patients suffering under the febrile diseases of the brain and its membrane. After phthisis, organic diseases of the heart are the chronic diseases in the course of which pneumonia is the most frequently a complication. Of 65 such patients, in 18 the lungs were inflamed, and Clendenning found pulmonary inflammation in 36 of 145 autopsies of individuals dying with chronic disease of the heart. The anatomical characters of pneumonia are found in one-sixth or one-seventh of those dying with cancer, chronic disease of the liver, albuminous nephritis. Pneumonia is also a very frequent disease in the insane. Of 168 autopsies made at Charenton, in one-ninth of them the lungs were inflamed. Of 52 patients dying at Bicetre of an incidental disease, that disease was pneumonia in 11. In some of these cases which have just been passed in review, the developments of the secondary pneumonia may be explained by the direct influence of the primitive disease. Thus croup, hooping-cough, capillary bronchitis, pulmonary apoplexy (in which, however, secondary pneumonia is rarely met with,) may be supposed to act in this way. Tubercles do not appear to act by the mere mechanical pressure. Of the two causes of secondary pneumonia, fever and weakness, M. Grisolle thinks the latter to be more efficacious. On erysipelas and in articular rheumatism, pneumonia rarely supervenes, whilst it is very frequent in organic affections of the liver, in paralysis and other diseases, where the prostration is great and there is but little fever. The opinion of the ancients, that the dis appearance of rheumatism and gout from the limbs frequently coincided with a severe attack of pneumonia, has not been sustained by later observations. Andral, however, reports such a case; a similar one has since been observed at the hospital of La Charité in Paris, and M. Grisolle gives one of articular rheumatism with lumbago, where pleuropneumonia supervened, the lumbago disappearing, and the pains in the joints being severer at the same time. According to a table given by M. Grisolle, secondary pneumonia is much more frequent in the aged than in the young. Congestion of the lung taking place in cases where the patient has been lying for a long time on the back or on the side, appears, from a careful examination of facts, to be frequently a determinating cause of pneumonia. This disease, too, is frequently preceded by pulmonary catarrh. According to M. Grisolle's statistics, pneumonia supervenes in one quarter of those suffering from acute bronchitis. In four-fifths of these patients, there was no appreciable occasional cause. These cases should serve as a warning that an acute pulmonary catarrh is not to be neglected, as its symptoms may be precursory of so severe a disease as pneumonia."—*New England Quarterly Journal.*

Successful Treatment of Idiocy.—M. Seguin, a young philanthropist, who has devoted himself to the instruction of children afflicted with idiocy, proposed to teach after his method a number of children taken from the hospitals. The *Conseil des Hospices*, on the report of M. Orfila, granted his request. He was entrusted with twelve children, from the age of eight to sixteen, who were living in the Hospital of Incurables, and who were certified to be idiots of reputed incurability. Not one of them could read or write; several could but stammer a few words;

others merely uttered a few inarticulate sounds; some were epileptic, and three or four had continual convulsive movements. After a year of assiduity, M. Seguin presented the children to a commission composed of MM. Fouché Halpher, and Orfila, it was found that they could all read, and that some could write copies; that almost all spoke distinctly, and that their answers were correct; some could add, subtract, and even multiply.

They had also gained much physically, so that those children who before were merely a burden to the house, are now of use to it.

The Council, considering these results, had decided that M. Seguin, who previously was merely authorized to make trials, should have an express commission to continue them on a greater scale, and should be lodged, boarded, and paid by the administration. A special credit will be asked for this purpose from the Council-General of the Department. We do not doubt but that the Council will join in so interesting a work."

Gazette Medicale, Oct. 22, 1842.

["In Dr. Aikin's amusing story, "The Boy without a Genius," a child, whose dulness has defied all former instructors, is successfully taught by a very patient schoolmaster. M. Seguin's success is another lesson of the same kind, and shows what patience can effect when rendered inexhaustible by benevolence."—*Translator's Note.*]—*Lond. Med. Gaz.*

Chlorosis Simulating Phthisis.—A case of this disease, simulating the last stage of phthisis, is reported in the "Bulletin Med. de Bordeaux" by Dr. Chabrely:—M. O., a female, eighteen years of age, in a state of complete marasmus, had kept her bed for the previous three months, with hectic symptoms of great intensity. She had been at first attacked by symptoms like those of acute gastro-enteritis, but against which general and local bleedings were employed without success. The patient had been since kept on low diet. Dr. C. found her suffering from difficult digestion; and ascertained that the menses, which had seldom appeared, had altogether ceased since the access of her present attack. Considering this the primary evil, the efforts of the physician were first directed to its removal, for which end he enjoined nourishing diet, and ordered lozenges of lactate of iron, and a few drops of tinct. digitalis night and morning, together with the employment of dry cupping (des grandes ventouses) over the hip region, every two or three days. After the eighth time of application of the latter, the patient began to experience a sense of weight in the pelvis, and at about the fifteenth application a white discharge from the vagina was seen, which increased daily in quantity. The appetite, sleep, and general health now improved rapidly; the menses soon reappeared; and after about six weeks of this treatment the cure was complete.

The editor of the "Gazette Medical," in commenting on this case, considers the recovery to have been mainly owing to the adoption of a generous diet; Dr. Chabrely attributes it mostly to the cupping. It may have been due to neither so much as to the lactate of iron.—*Lon. Lan.*

The Bile.—A correspondent has forwarded to us the subjoined paragraph "from the pen of the venerable Berzelius, because it contains,"

he considers, "the essence of Liebig's theory of the bile, and would have formed the complete theory had it been said that the portion of the bile absorbed was part of the fuel for respiration:"—

"We find cholesterine, biliary resin, and colouring matter in the excrements; but we are ignorant what becomes of the more abundant constituents of the bile, namely, the picromel (*sucre billiaire,*) cholic acid, taurine, &c. We do not find these substances either in the contents of the intestines or in the liquids which the lymphatic vessels absorb, and we may, perhaps, have a right to think that they are not formed in the intestinal canal, although they are produced when we submit the bile to analysis. But when biliary resin is formed a corresponding quantity of picromel ought to be produced. These substances, therefore, must undergo a change unknown to us, and perhaps they pass under a new form into the fluid absorbed by the lymphatics. Whilst it is possible to admit this hypothesis, and it shall not have been refuted, we shall have no good ground to believe that the bile is chiefly destined to be evacuated, or that it does not play an essential part in the process of digestion, since it may have two different destinations, the one to evacuate some of its constituent substances, the other to restore a part of these substances to the circulating fluids after undergoing a change of form."—*Traite de Chimic,* traduits par Esslenger, tom. vii., p. 259.—*Lon. Lan.*

It is well known that the Editor of the Recorder entertains different and peculiar views on the bile.

Varicocele.—M. Vidal de Cassis has published in the "Annales de Chirurgie Francaise," a communication on the radical cure of varicocele by a modified application of the ligature, and on its applicability to the treatment of tumors of the testicle. Although, in general, opposed to operations for the cure of varicosed veins, on account of the great risk of the occurrence of fatal phlebitis, the uncertainty of the results, and the frequency of relapse, M. Vidal did not feel the same repugnance to operations for the cure of varicocele, which he regards as a purely local affection. His opinion, on the propriety of operating for the removal of the last-named infirmity, has been considerably strengthened of late, and he has, himself, already operated thirty times.

When varicocele occurs in the persons of old men, who have been long afflicted therewith, the operation should not be performed; as the inconveniences to which the patient is subjected are not sufficient to warrant the proceeding, more especially as at an advanced age it could scarcely be undertaken without involving some risk of a fatal termination. M. Vidal, however, has seen it occur before the fifteenth year, and says that he has very rarely met with a case where it commenced after the thirtieth. Among the reasons alleged by him for operating on this variety of varix, when it occurs in young persons, are: the inconvenience and pain which it causes, the impediments it offers to exercise or moderate exertion, the sterility it induces, and the absence of the varicose diathesis. Patients affected with varicocele, as might be anticipated from their age, are rarely subject to a varicose condition of the veins of the legs, to hæmorrhoids, or any other disease connected with varix. He considers varicocele, as has been already remarked, to be

essentially a local affection, arising from excessive exercise of the genital organs, either with women, or onanism, or by other excitement of the testicles. He narrates a case of varicocele following orchitis, in the person of a young man much addicted to women, in illustration of his position: the epididymis of the left side was enlarged and indurated, consequented on a gonorrhœa and orchitis, and the veins of that side were varicose. The diseased state of the veins followed so rapidly the supervention of inflammation of the testicle, that M. Vidal considers himself entitled to call it an acute affection, in opposition to the same disease occurring in old men, which he terms chronic. Varicocele dependent on the causes above mentioned, being essentially local, is not connected with the varicose diathesis to which varix, occurring in another part of the body, may be referred; that is to say, the latter variety is dependent on several causes, seated sometimes at a distance from the part affected.

M. Reynaud, of Toulon, whose mode of operating, somewhat modified has been adopted by M. Vidal de Cassis, proceeded as follows: He seized the spermatic cord of the diseased side with both hands; he sought for, recognised, separated, and pushed inwards the vas deferens towards the root of the penis; he distinguished it from the vessels and nerves of the testicle by its hardness; then pinching up the scrotum between the thumb and forefinger of the left hand, so as to embrace the spermatic vessels and nerves, he traverses the base of it with a curved needle, armed with a waxed thread. He then releases his hold of the scrotum, brings the two ends of the thread together, and then ties over them a thick but short cylinder of linen, previously placed between the thread and the skin. The ligature must be so tied that it may be loosed or unfastened, in case it should become necessary to diminish the compression exerted on the parts. The only dressing required is the application of lint spread with simple cerate, and a compress. No bandage is necessary. A slight degree of inflammation generally arises, but it lasts but a short time, and two or three days after the operation the ligature may be tightened over a fresh cylinder. If, however, the inflammation be sufficiently extensive and the pain severe, when the ligature is untied, it must not be re-secured until the inflammation has been removed by emollient applications.

The tightening of the ligature, from time to time, causes the gradual division of the soft parts, which cicatrise gradually from the part where the needle entered; by the fifteenth or eighteenth day the spermatic nerves and vessels are cut through, and there remains only the skin undivided; M. Reynaud, then, not to leave a doubt as to the perfect section and obliteration of the vessels of the cord, passes a grooved director, and divides the remaining integument with the bistoury. The wound which results from this is soon healed, and the patients are generally discharged cured in twenty-five days after the operation.

The modifications introduced by M. Vidal, consist in the substitution of a piece of silver wire for the ligature instead of the waxed thread, by which he is enabled to tighten or relax the constriction without undoing the knot, by merely passing the end of a director between the wire and the linen cylinder, and twisting or untwisting it as occasion may re-

quire, and the use of a straight instead of a curved needle for the application of the ligature. He also converts the operation into a subcutaneous one by not dividing the integument, when by drawing a little on the ends of the wire, he finds the vessels are divided. If he believes that there is danger of a relapse, he passes two ligatures, about an inch distant from each other, the first of which only is knotted and tightened, the other, placed nearer the testicle, serves as a *ligature d'attente*. If the first ligature produce sufficient inflammation and swelling of the varicose mass below, the other ligature is not tightened, and if the inflammation run very high, it may be removed, and the first one relaxed, but it is as well to retain the *fil d'attente* as long as possible; for if, after the veins have been cut through, and the induration has disappeared, a varicose condition of the cord still continues, or there should be a tendency to relapse, the second ligature may be tightened, and a radical cure be effected.

The same operation has been applied by M. Vidal de Cassis in two cases, to the treatment of varicocele, attended with enlargement of the testicle, and in both instances with complete success. He proposes further to extend its application to the treatment of incurable tumors of the testicle and of other parts, which may be in analogous condition.—In fact, he says, if the ligature does not effect a definitive cure, it may arrest the disease, prevent its ulterior development, and if it be malignant, put an obstacle to its propagation at a distance. At all events it may be preparatory to extirpation. and afford a better chance of success for the latter operation. In the latter case, the spermatic veins alone are not to be tied, but the entire cord must be ligatured; an operation, however, only to be performed in cases where the testicle is much diseased, as in true scirrhus and tubercular degeneration.—*Prov. Med. Journ.*

On the Erectility of the Iris.—By Professor Gromelli, of Modena. Fontana's argument against the erectility of the iris, viz., that the finest and most penetrating injections, thrown into the arteries, even immediately after the death of an animal, never produce any extension of the iris, like what happens to the corpora cavernosa, we find controverted in a recent Italian journal. The substance which Professor Gromelli has found to succeed best for minute injections of the iris, are olive or walnut oil, colored in various ways. He states that these injections penetrate into the most delicate ramifications, without becoming extravasated, and preserved for a long time the parts impregnated with them.—In injecting the dead bodies of infants, Professor G. observed that the iris, previously relaxed, swelled up, and that the pupil, previously much dilated, contracted to the extent of more than half its diameter, just as it is seen to do when the retina is struck by the light during life. This fact seems to prove, that the iris is composed of blood-vessels. By the aid of the microscope they are seen disposed, between the ciliary and pupillary edges of the membrane, in rays, partly rectilineal, partly serpentine, while a few run in a circular direction. It results from such a disposition of radiating vessels, fixed at the great circumference of the iris and free towards the pupil, that the sanguineous turgescence ex-

pands this membrane and contracts the pupil, while the return of the blood allows the membrane to shrink and the pupil to expand. The professor concludes, that the iris is composed of a vascular turgescible, or erectile, tissue.—*Boston Med. and Surg. Jour. from Memoriali della Medicina Contemporanea.*

Plants growing in Animals.—Numerous microscopic researches lately made by Dr. Bennet, have led to some important discoveries in pathology. That gentleman in a communication read at the last meeting of the Royal Society, has shown that several diseases have long been known to physicians, who, however, have not been acquainted with their real nature. Dr. Bennet has discovered plants growing in the lungs, which are sometimes expectorated by individuals laboring under consumption. Other vegetations have been found in the inferior animals, as in birds, reptiles, fishes, insects and mollusca. The facts now announced, are likely to cause important changes with regard to the nature and treatment of certain disorders.—*Magnet.*

Contamination of the Fœtus.—At a recent meeting of the Westminister Medical Society, Mr. H. J. Johnson related the case of a woman who, immediately after marriage, contracted syphilis, was affected with secondary symptoms, took mercury, and got, apparently, quite well. She had, during the next ensuing years, several children, all small, but healthy, until five or six weeks after birth, when they became affected with an eruption similar to lepra or psoriasis, and died. It would appear in this case that the ovaria had been diseased originally, and that the disease had contaminated the ova in them.—*Lon. Lancet.*

Cure of Ectropion by Nitrate of Silver.—M. Magne was consulted on the case of a child ten years of age, of a feeble constitution and lymphatic temperament, who had for four months previously suffered ectropion of the left lower eyelid. The palpebral conjunctiva was thickened, and covered in its whole extent with granular excrescences; the eyelid was turned outwards as far as the Meibomian glands, and its secretion, which was more than naturally abundant, had caused an erythema of the cheek over which it fell. The ocular conjunctiva was also inflamed and thickened; the cornea did not participate in the inflammation. The use of the scalpel being interdicted in this case by the parents of the child, Dr. Magne was compelled to depend for the local treatment solely on caustic. This, however, he applied with great decision and vigor to both the palpebral and ocular conjunctiva; and to combat the increased inflammation he apprehended from this treatment he ordered frequent foot-baths, and compresses moistened with fresh alder flower-water, to be applied continually to the eye. The process of cauterisation was renewed daily for a fortnight, at the end of which period the granulation had disappeared, leaving only a few whitish eschars on the conjunctiva, and the child was soon afterwards sent away for change of air. Three months afterwards M. Magne again saw his patient, and reports that no trace of previous ectropion remained. On drawing forwards the lower eyelid two new membranous adhesions (brides,) similar

in appearance to the healthy membrane, were seen to have been formed near the external angle of the eye, and united the palpebral and ocular conjunctiva, maintains the eyelid in its proper situation, while the motions of the eye-ball were not in any way interferred with. M. Magne has since treated other patients successfully by similar means. He states that in such cases, during the employment of the caustic, he finds it good practice to employ cupping between the shoulders, frequent warm foot-baths, and the affusion of cold water to the face and forehead, of course to prevent the access of local inflammation as much as possible. *Gazette des Hopitaux.*

The Periodic Literature of the Medical World furnishes daily new facts, valuable observations, curious and anomalous forms of disease, improved methods of treatment and diagnosis, and thus becomes to the practical and reading physician, more valuable as a reference than any strictly systematic book ever can hope to be. The numerous periodicals published in England and on the continent contain the accumulated experience and practical observations of a great number of observant medical men, on diseases, no doubt accurately described before, but also on many new and singular forms, thus furnishing cases of reference, and guides for our own especial practice. Such works are of inestimable value for the diffusion of sound medical knowledge. The periodicals are likewise indirectly useful by affording us the stimulous to seek improvement by adding our quota to the general stock of useful information through them. By their courtesy in inserting our lucubrations they stimulate us to work, to observe, and to record facts which otherwise would be lost. Our leisure is thus spent in a most interesting and profitable manner to ourselves, while, peradventure we communicate facts worthy of the attention of our profession; our minds are, at the same time, enlarged and usefully disciplined by the references we are obliged to make to the highest authorities; by their being written, facts of the greatest value are accumulated in the memory; the intellect is educated to habits of reflection; and the highest faculties instead of lying dormant, are called upon to reason, to analyse, and to compare.—*Dr. S. P. Evans, Dub. Jour.*

Liquor of Hydriodate of Arsenic and Mercury.—Mr. Donovan has published farther observations on this remedy, containing a great mass of evidence in its favor. We can only make room for what follows:—

The dose has been variously represented. Dr. Kirby is disinclined to doses exceeding 20 minims, and this quantity he conceives sufficient to secure its curative effects. Sir Henry Marsh, in the case of a boy, twelve years old, began with 15 minims twice a day, and gradually pushed it to half a drachm; and at length the patient got half an ounce in divided doses during twenty-four hours, which only produced "very mild insalivation." In venereal eruptions, Mr. Cusack found one or two scruples three times a day sufficient; but even when larger doses were given, he did not observe any unpleasant consequences. Dr. Irvine's patient took half a drachm three times a day, for seventy-six days, and was only twice obliged to discontinue it for two or three days,

owing to headache and sickness of the stomach. Dr. Graves's patient, a woman 60 years old, took half a drachm four times a day for two months, with only two interruptions owing to disagreement. These instances show how differently the medicine can be endured by different constitutions. It is certainly prudent to begin with Dr. Kirby's doses; but after a while, as in the case of tartar emetic, a state of tolerance is induced, and then the medicine may be gradually increased at discretion.

The smallness of the quantity of arsenic and of the other elements, that sometimes effects a cure, is striking, and affords an additional proof of the energy which they acquire by combining chemically. In one of Dr. O'Reilly's cases, three drachms of the liquor were successful, containing three-eighth grain of arsenious acid, ¾ grain of peroxide of mercury, and about 2½ grains of acidified iodine; in another, ½ more of these elements was required. One of Dr. Ferguson's patients was cured by 2½ grains of arsenious acid. Dr. Osbrey succeeded with about a grain of arsenious acid; Dr. Graves with 2½ grains; and Sir Henry Marsh, in an obstinate case of tinea capitis, with ¼ grain. Cases, however, occasionally prove of a very obstinate and tedious nature; and, generally speaking, skin diseases offer lengthened resistance to curative measures; thus Dr. Irvine's patient was under treatment 76 days, and required seven ounces of the liquor, equivalent to seven grains of arsenious acid; Dr. Graves's patient, of 60 years old, required 10½ grains; Sir Henry Marsh's, a child of 12 years, required a far greater quantity; some of Dr. Kirby's patients were a year under cure; and I know a lady, who being troubled with psoriasis almost all her life, is now, after a year's treatment, only beginning to improve.

The diseases in which practitioners have hitherto found the liquor of hydriodate of arsenic and mercury to be useful, as appears by the foregoing testimonies, are the various forms of psoriasis, impetigo, porrigo, lepra, venereal eruptions, both papular and scaly, pityriasis, sycosis, ephelis, lupus, sibbens, and some uterine diseases.—*Bulletin of Med. Science, from Med. Gaz.*

On the Composition of Pure and Vitiated Atmospheres. By R. D. Thomson, M. D., *Glasgow.*—Strange as it may appear, the composition of common air is not, even yet, satisfactorily determined, in the opinions of all chemists. According to Dumas, "Ann. de Chim.," iii., 267, the atmosphere consists of oxygen, by weight, 23, azote, 77., and, dividing these numbers by what he has found to be the specific gravities of the gases, he deduces composition in bulk to be

$$\frac{23}{1.1057} = 20.80 \text{ oxygen}, + \frac{97}{972} = 79.22. \text{ Azote.}$$

Calculation, however, shows that the specific gravity of oxygen, according to his data, ought to be 1.1066 or 1.1067; and we believe Dumas considers that the true specific gravity cannot be under 1.107. This is very near Dr. Thomson's number, viz., 1.1111.

Dumas has lately published some experiments made at Copenhagen,

on air taken from the surface of the ocean, where there ratios of the gases vary considerably from these data as follows:—

	By Weight.	By Bulk. S. g. 1.1111	By Bulk. S. g. 1.1067.
Oxygen, - -	22.58	20.3	20.40
Azote, - - -	77.42	79.7	79.60

It deserves remark, that the mean of six experiments out of ten, made by Dr. Thomas Thomson (First Principles, i., 98,) gave for the composition of air at Glasgow, by bulk—

Oxygen, - - - - - - - - - - - - - - - -	20.42
Azote, - - - - - - - - - - - - - - - -	79.58

This remarkable coincidence between the composition of the air at the sea, where vegetation is absent, and of that in the oxygen-consuming city, perhaps deserves more attention than has yet been paid to it.

In connection with experiments upon pure air, the trials of Leblanc upon vitiated atmospheres are of high interest. The quantity of carbonic acid in the atmosphere in the normal state has been shown by the Saussures to vary from 3 to 6 parts in 10,000. Leblanc (Ann. de Chim., v., 223,) has examined the quantity in crowded rooms, theatres, cities, &c. In the hospital La Pitie, the air of one of the wards containing 54 patients, afforded 3-1000 of CO_2, or 5 times more than that of normal air. Under similar circumstances at the Salpetriere, the quantity was 8.1000. In Dumas' class-room, after a lecture of an hour and a half, where nine hundred persons were present, the carbonic acid amounted to 1 per cent., and the same quantity of oxygen had disappeared. From other experiments, he considers this a maximum quantity of safety, and strongly recommends a better ventilation when so much carbonic acid is present. This result agrees with experiments made in this country. When the atmosphere is deteriorated by burning charcoal, he has seen death produced when 3 per cent. of carbonic acid was present in the atmosphere. In all such cases of death from stoves, he has found carbonic oxide in the air, and he attributes a deleterious effect to the agency of this gas. He has observed 1 per cent. of this gas to destroy an animal in two minutes, which is at variance with the statement of Nysten. This observation explains many of the inconsistencies which appeared some years ago in the evidence of some London chemists respecting the influence of Joyce's stoves. It is quite obvious that their structure was dangerous. Leblanc found that a candle was extinguished in air containing 4½ or 6 per cent. of carbonic acid. In such an atmosphere life may be kept up for some time, but respiration is oppressive, and the animal is affected with very great uneasiness. Air expired from the lungs contains about 4 per cent. of carbonic acid, and hence this atmosphere is noxious. Even 3 per cent. in the atmosphere killed birds, and yet we have seen statements which affirmed that upwards of 3 per cent. had been detected in the London theatres. All these facts are pregnant with importance in reference to health. Our miners may not be suffocated by fire-damp explosions, but we should remember that their constitutions may be poisoned by the respiration of tainted atmospheres.—*London Lancet, from Proceedings of the Glasgow Philosophical Society, No. 4.*

Remarks on the Vascular Nævus, with a New Mode of Treatment. By N. R. Smith, M. D., Professor of Surgery in the University of Maryland.—This species of Aneurism by anastomosis, generally present at birth, is usually observed to increase rapidly after being first noticed. The great vascularity of the skin, in early infancy, is favorable to its rapid development. Its growth is especially rapid when located on the head, face, neck, or chest, the circulation being relatively more active in these regions. The disease is not always properly termed a nævus, inasmuch as occasionally the texture of the skin is not involved in the vascular hypetrophy. The cellular tissue below the skin is then its seat; and, indeed, in all cases, in which the disease is considerable, it expands beneath the skin to some extent.

There are also nævi which are not aneurisms. There is the brown nævus, usually covered with pile or stiff hairs, in which the skin is thickened, but not preternaturally vascular. There is also the claret-colored spot, often very broad.

The rapid increase of the vascular nævus in infancy generally alarms the parent, and prompts her to seek surgical aid. The same circumstance, together with the apprehension of hemorrhage, induces the surgeon, in many instances, to extirpate the disease with the knife.

If my opinion be founded upon my own observation of this disease, I should pronounce it less formidable than it is generally believed to be. The disease, it is true, may manifestly increase at first, but I have seen a great many instances in which it has, after a time, ceased to grow, then has faded, withered, wasted, and totally disappeared, without the employment of any remedies which may be supposed to have exerted any influence upon its progress. Even where a mark has remained in the skin, the aneurismal character has often totally disappeared. A majority of these tumors I have not seen to increase after the third year. I doubt not, that many of the remedies to which efficacy has been ascribed in the treatment of the malady, have acquired their reputation in consequence of their having been employed about the period of its spontaneous declension.

Much apprehension is commonly entertained in regard to serious or fatal hemorrhage from the increasing vascular nævus. Instances of death from incontrolable bleeding are, it is true, on record. Among the great number of cases which have fallen under my notice, such an event has, however, never occurred. I have never encountered any difficulty in restraining the effusion of blood from them, however it may have been produced. The existence of an aneurism by anastomosis, by no means implies that state of the blood, and of the vessels generally, which constitutes the hemorrhagic diathesis.

If my observations are correct, the character of the disease does not always justify the severe means occasionally resorted to in its treatment. When the disease occurs on the back, back of the neck, or shoulders, I rarely deem it necessary to perform any operation upon the tumor, or indeed to meddle with it. These regions are less vascular than others, and in them the disease may be expected, in almost all cases, to disappear spontaneously.

When the disease is located on the face, neck, or head, there is less

probability of its disappearance, and as the deformity here caused by it is to be deprecated, we are justified in the use of remedies even somewhat severe.

It is not my object, in this paper, to give a history of the various means which have been resorted to, but merely to present the results of my own experience.

Mechanical pressure has, with me, except in a single case, accomplished nothing. It is exceedingly difficult to maintain it on children, with uniformity. If it causes irritation it often produces the very opposite result to that sought, vascular excitement being induced.

Styptic applications have proved equally inefficacious, whether mineral or vegetable. I have tried the oil of ergot without effect.

Vaccination I have never tried, but have often treated cases in which it had been resorted to without effect. I have no faith in it except in cases of trivial magnitude.

The twisted suture, so much vaunted, of late, in the Medical Journals, I have repeatedly resorted to. In one case in which I employed it, the disease was truly formidable, though located on the back part of the shoulder and neck, in a little girl of two years, from the city of Washington. The disease was wholly beneath the skin, and, in form, presented the appearance of two hemispheres, of the size and form of the halves of an orange, presenting their convex surfaces side by side. A branch of the transverse cervical artery could be felt much enlarged, passing over the clavicle to enter the tumor. A very large and varicose vein could be seen returning its blood in the same direction, and communicating freely with the large veins of the neck. When the child cried, this vain, just below the clavicle, in front, became enormously distended.

Pressure having been used in this case without effect, I resolved to attack it with needles and the ligature. I transfixed its base with three long and slender needles, and around the extremities of these I twisted threads, so as partially to strangulate nearly the whole of the vascular mass. The tumor was at once greatly reduced in volume. On the second day after the operation, the child suffered a chill with febrile re-action. The stomach became irritable and the patient sunk into a comatose condition. I immediately removed the needles and ligatures. Unpleasant symptoms, however, marked the case for two or three days, caused in my opinion, by inflammation of the blood-vessels of the part—veins, perhaps, more especially. They, however, at length disappeared after causing great solicitude in my mind, and leaving me resolved never again to inflict such serious irritation upon tumors composed of such large and numerous vessels. While the child was ill—while it was languid and pallid, the tumor had greatly subsided; but as it recovered, its vascular fulness in a great measure returned. I now applied a well adapted apparatus for compression, made of elastic bands, which acted with great effect. The disease began from this moment to decline. Was this the result of the ligation? or was it the result of natures efforts? or did the well adapted compression effect the object? The parents were persuaded that the declension of the disease was

dated from the time of the operation. The tumor is now so nearly conquered that it causes no solicitude.

I have used the same means in several cases in which the disease had less volume,—in two in which it was located on the face and nose. In one of these there arose unpleasant constitutional symptoms. In neither was I satisfied that any decided benefit resulted from the operation.

I have often extirpated these tumors with the knife; and when they are located upon the face, head, or neck, the operation is often preferable to any other expedient. It is of the utmost importance, in making the incisions, to cut exteriorly to the vascular tissue, on every side; for to cut into the tumor causes a most copious gush of blood.

There is a method, however, which I have recently devised which I shall resort to in a majority of cases in which it is deemed necessary to interfere. I saturate a thread with the strongest possible solution of caustic potassa. This I dry by a fire and arm a needle with it. I transfix the base of the tumor with the needle and gently draw the thread through the part. This I repeat in different parts of the tumor. I have now a case under treatment in which by these means the tumor is rapidly wasting. The agent has caused no distressing symptoms, though slight suppuration and the issue of a little blood. Its modus operandi is sufficiently obvious.

From our knowledge of Prof. Smith as a practical surgeon, we feel disposed to commend his views to the young surgeons of the West. *Protem Editor.*

Iodide of Potassium in Atonic Ulcers.—The utility of the hydriodate of potass in secondary syphilis is pretty generally acknowledged. M Lisfranc has employed it with success in ulcers of long standing, which have resisted other modes of treatment. A man, sixty-eight years of age, was admitted under his care at the Hopital de la Pitie, who had for eight years had two obstinate atonic ulcers on his left leg; one of which, five inches in length, extended round the limb for more than half of its circumference; the other was about two inches in diameter. The only topical application used was simple cerate and charpie, but M. Lisfranc prescribed a scruple of the iodide of potassium daily, which quantity he subsequently increased to six grains every six hours. At the end of six weeks the health of the patient had become greatly improved; his flesh generally had acquired firmness; his face was ruddy; and he had even gained fat. The smaller of the two ulcers had completely disappeared in twenty-five days, and scarcely one-tenth of the larger ulcer remained to be healed. In two months the man left the hospital perfectly cured.—*London Lancet.*

Practical Observations on Chorea. By Charles C. Hildreth, M. D., of Zanesville, Ohio.—Dr. H. says that eight cases of chorea, all in females, and all, except two, under the age of puberty, were successfully treated by him in from three to six weeks. For the cure of a majority of the cases, he thinks, he is indebted to the Cimicifuga. His dose of

the root in powder is a teaspoonful three times daily in syrup. But he prefers giving the saturated tincture, one or two drachms at a dose, or the strong decoction with spices and a little brandy.—*Maryland Med. and Surg. Jour.*

Remarks on a Species of Sore Mouth peculiar to Nursing Women.—By B. Waller Taylor, M. D., of Monticello, Florida.—After having tried various tonics, vegetable and mineral,—and laxatives, with only partial success, Dr. T. has found that equal parts of the flowers of sulphur and cream of tartar, administered in broken doses, two or three times a day, so as to keep the bowels in a soluble state, constitute the best treatment as regards internal remedies. The combination of sulphur and cream of tartar appears to have almost a specific influence over this disease. The best external application, he thinks, is borax, either in the form of solution sweetened with honey or loaf sugar, or finely pulverized with an equal quantity of loaf sugar, and applied in the same manner as advised by Dr. Dewees, in cases of aphthæ in children, only in larger quantity. He has also derived great benefit from a weak solution of nitrate of silver, as a wash. In cases attended with considerable exhaustion of the system, the sulphur and cream of tartar should be only used to the extent of obviating costiveness, if it exist; and tonics, such as the precipitated carb. of iron, and the compound tincture or infusion of cinchona, combined with elixir of vitriol, should be given in well regulated doses. Porter is also a good and useful tonic in such cases. Should the case be complicated with diarrhœa, the diet should be bland and farinaceous, as arrow-root gruel, rice-gruel, &c., and the drinks mucilaginous; and an anodyne, as a dose of the sol. acet. morph. or of laudanum, should be given, and repeated *pro re nata*. In cases that prove refractory, it will become necessary to wean the child, and then a speedy cure will take place.—*Ib.*

Operation of Lithotripsy.—Breaking of the Instrument in the Bladder. Death of the patient. Reported from the Hotel Dieu of Paris, by F. Campbell Stewart, M. D.—The instrument employed was Heurteloup's *brise-pierre fenetree*, the female branch of which broke off about one inch from its extremity, and fell into the bladder. No attempt was made to extract the broken piece, and it was determined to have recourse to lithotomy as soon as the patient should be in a condition to render the success of the operation probable. The patient died about ten days after the accident, and before any thing was done for him, his death resulting apparently from inflammation of the kidneys.

"In this case," says Dr. S., "we have an instance of the repetition of an accident which has already happened more than once; and as it is calculated without explanation, to do serious injury to the cause of lithotripsy, I may be permitted to offer a few extenuating remarks.

"The patient was at the period of his admission into the hospital in such a condition as to preclude from the mind of a cautious surgeon the idea of an immediate operation, either by lithotomy or lithotripsy. He was exceedingly irritable, and even complained of constant pain in the

regions of the liver and right kidney, proving that inflammation already existed, either in a chronic or incipient stage. If, however, it was judged indispensable to relieve him as soon as possible of his stone, the question arose as to which of the operations would be most applicable to his case; and here, I think, there was not ground for a moment's hesitation. Lithotomy should undoubtedly have been preferred; and for the reasons, that the stone was not too large to be removed through the perineum, whilst it was too hard to be easily broken by the *brise-pierre*; and in the former case, the source of irritation would have been at once and entirely removed; whereas, by the latter process, a number of hard, angular pieces of stone would be substituted in place of one large mass, which acting as a constant source of irritation could but complicate the operation, and thus compromise its success.

"Civiale has long since declared his opinion, which he repeated to me a few days since, that the operation of lithotripsy is inapplicable in most cases where the kidneys are diseased, and he is always cautious not to operate until such diseases have been subdued or removed"—*Ib.*

Phloridine.—This is a new medicine, which is now very highly spoken of by French practitioners as a useful adjunct to our cinchona preparations. It has been used for some years in Germany, Poland, and France. It is extracted from the bark of the roots of the apple tree and the wild cherry-tree, and is thus prepared: the bark of recent roots is boiled with water sufficient to cover them, for half an hour. This is poured off, and the same quantity is again used; these two fluids are mixed together, and at the end of six hours deposit the phloridine in the form of a deep-red velvety-looking matter.

M. Lebaudy, the editor of the *Journal des Connaissances Medico-Chirurgicales*, says, "its efficacy is so decided, that we cannot hesitate to class it with the most powerful febrifuges; and it has this advantage over quinine, that it never induces gastralgia."—*Braithwaite's Retrospect, No. 5.*

The Guillotine for Excision of the Tonsils.—By Cæsar Hawkins, Esq.—I have found an instrument, which I have been in the habit of using for some time past, so little known to surgeons, who are constantly performing this operation, and so many medical friends, to whom I have recommended it, have been delighted with the facility with which the tonsils can be removed by means of this instrument, that I am induced to draw your readers' attention to it, as a great improvement in surgery. I can do this with greater confidence, because I do not claim the merit of the invention, but only of two or three little alterations in its form, which facilitate its operation.

The instrument is a kind of guillotine, invented by Dr. Warren, of America, or at least recommended by him, which exercises the tonsil with great ease and without the possibility of cutting any thing which is not purposely included in it by the operator. A hole of an oval shape is made at one end of a plate of metal, which is gently pushed over the tonsil, and a concealed blade runs in a groove of the plate, and is pushed forward so as to cut off exactly so much of the tonsil as the surgeon causes to project into the hole. The grooved plate has a handle, which

can be held in either hand for the right or left tonsil, and the tongue is kept down by the instruments or by the finger of the other hand, and the moveable blade has a little concave knob receiving the thumb of the same hand which holds the handle, by which the blade is pushed forward across the hole, so as to separate the protruding tonsil as it passes; and the excised portion adheres to the blade after the division, so as easily to be pushed forward out of the mouth before it can drop into the fauces. The introduction causes very little irritation of the fauces, because its action is by pressure, instead of dragging on the tonsil, as the tenaculum does in the common manner of operating, and the bleeding very trifling, and the subsequent inflammatory soreness is much less than in the usual operation as the time is shorter in its performance. I have found two different sized instruments sufficient for very young children, or for adults; but they can, of course, be made of any size required.—*Medical Gazette.*

MISCELLANEOUS GLEANINGS.

The Grenada (Miss.) Register states that the family of Mr. Morehead, residing near the Yazoo Pass, consisting of father, mother, son and daughter were lately poisoned by eating peaches dried on a painted board.——M. Pigeaux presented to the French Academy of Medicine, a child in whom an erectile tumor on the forehead had spontaneously dispersed after vaccination had been practised on its topically.——Desgenettes had a way peculiarly his own, of conducting his inquiries respecting his patient's ailments. He would put a question, but never suffer an answer to be made. If the patient offered to speak, the Professor would say, "Your interruption is neither polite nor politic; it is rude to interrupt any one who is speaking to you; and it is unwise, because while I am talking all the time that I can spare elapses."——Mr. Cloridge, his chief-advocate in England, states that he doubts whether Priessnitz knows on which side of the body the liver is situated.——In his *Lectures on Botany*, at Edinburgh, Dr. Graham pointed out the following distinction between plants and animals: "All organized beings have life; plants have life; animals (brute) have life and soul; man has life and soul with immortality."

Mr. H. H. King, Medical Student of Greensboro, Georgia, was a regular member of the late Medical Class of Transylvania, but his name was accidentally omitted in publishing the annual catalogue.

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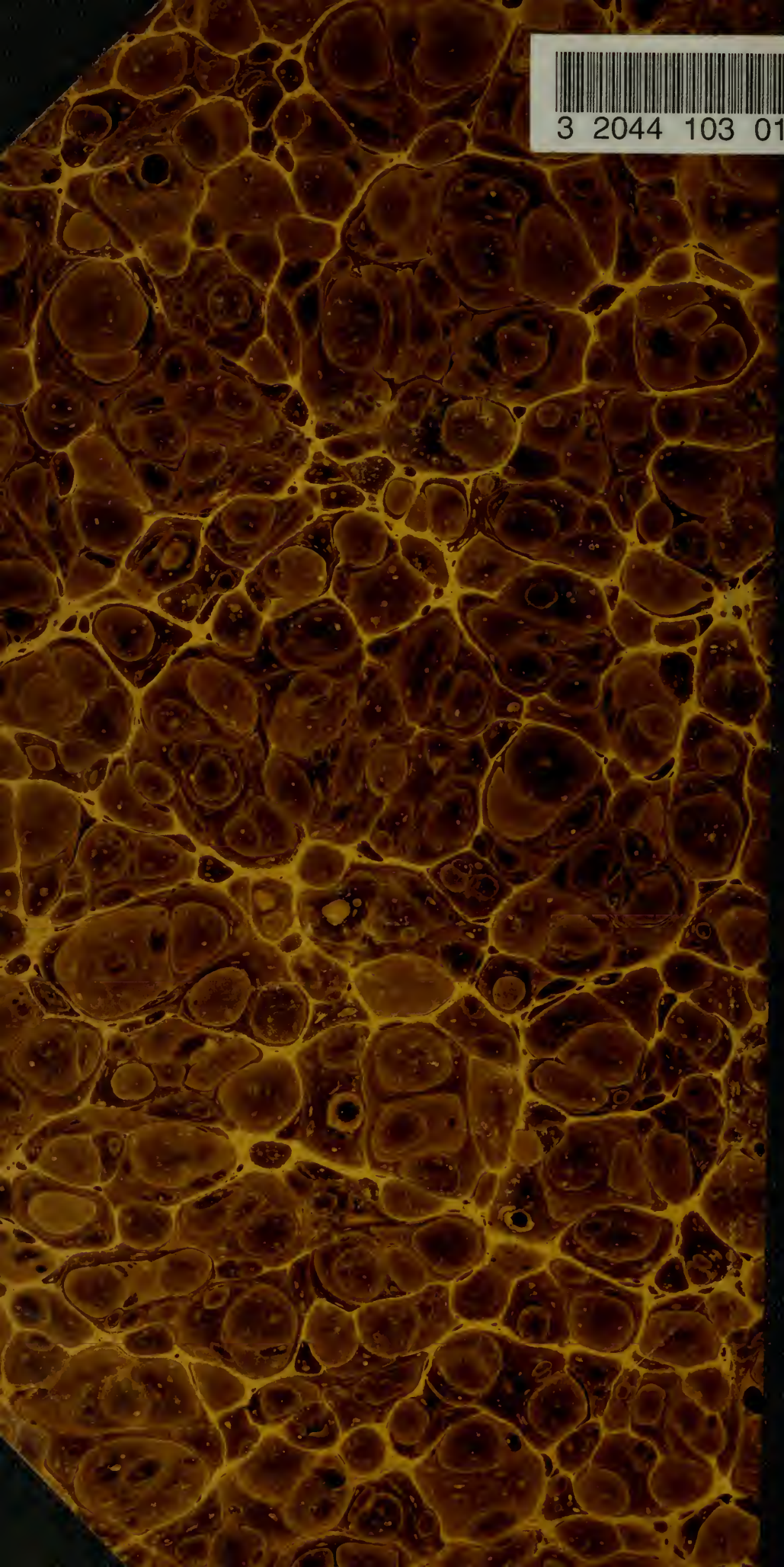
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